

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

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>MPC PLATING, INC. PROFIT SHARING PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>11/01/1987</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>M.P.C. PLATING, LLC</u> <u>1859 EAST 63RD STREET</u> <u>CLEVELAND, OH 44103</u>	2b	Employer Identification Number (EIN) <u>34-1307524</u>
		2c	Plan Sponsor's telephone number <u>216-881-7220</u>
		2d	Business code (see instructions) <u>332810</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.	08/07/2018	DALE BUCKWALTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
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 MPC PLATING, INC		4b EIN 34-1307524	
		4c PN 001	
5 Total number of participants at the beginning of the plan year		5	115
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)	92
a(2) Total number of active participants at the end of the plan year		6a(2)	87
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	16
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	103
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	103
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	100
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D			
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)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(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 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 MPC PLATING, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 M.P.C. PLATING, LLC	D Employer Identification Number (EIN) 34-1307524

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)

UBS FINANCIAL SERVICES, INC.

30050 CHAGRIN BLVD.
SUITE 200
PEPPER PIKE, OH 44124

13-2638166

(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?
28 51		10712	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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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 MPC PLATING, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 M.P.C. PLATING, LLC	D Employer Identification Number (EIN) 34-1307524	

Part I	Asset and Liability Statement
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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)	256337	68641
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	1324348	835498
(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	1580685	904139

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1580685	904139
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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)	62816	
(B) Participants	2a(1)(B)	5275	
(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)		68091
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	46971	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		46971
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		4193
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		119255

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	784595	
(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)		784595
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)	11206	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11206
j Total expenses. Add all expense amounts in column (b) and enter total	2j		795801

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-676546
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: GROSSMAN YANAK & FORD, LLP

(2) EIN: 25-1638525

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		120000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		
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 (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>MPC PLATING, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>M.P.C. PLATING, LLC</u>	D Employer Identification Number (EIN) <u>34-1307524</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	
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): _____		
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>17</u>

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

MPC PLATING, INC. PROFIT SHARING PLAN

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

MPC PLATING, INC. PROFIT SHARING PLAN

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Schedules not included herein are omitted because of the absence of conditions under which they are required.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
MPC Plating, Inc. Profit Sharing Plan

We have audited the accompanying financial statements of MPC Plating, Inc. Profit Sharing Plan, which comprise the statement of assets available for benefits as of December 31, 2016, and the related statements of changes in assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards 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 auditors consider 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 involves 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 that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the 2016 financial statements referred to above present fairly, in all material respects, the assets available for benefits of MPC Plating, Inc. Profit Sharing Plan as of December 31, 2016, and the changes in assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Supplemental Schedules

Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules listed in the accompanying table of contents 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 and 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, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Matter - 2015 Financial Statements

The financial statements of MPC Plating, Inc. Profit Sharing Plan as of December 31, 2015 were audited by other auditors whose report dated September 1, 2016 expressed an unmodified opinion on those statements.

Pittsburgh, Pennsylvania
October __, 2017

MPC PLATING, INC. PROFIT SHARING PLAN

STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
Investments	\$ 835,498	\$ 1,273,529
Cash and cash equivalents	-	50,819
Employer contributions receivable	<u>-</u>	<u>256,337</u>
 ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 835,498</u>	 <u>\$ 1,580,685</u>

See notes to financial statements.

MPC PLATING, INC. PROFIT SHARING PLAN**STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015**

	<u>2016</u>	<u>2015</u>
ADDITIONS:		
Interest and dividend income	\$ 41,146	\$ 73,861
Net appreciation (depreciation) in fair value of investments	<u>4,193</u>	<u>(90,831)</u>
Net investment income (loss)	<u>45,339</u>	<u>(16,970)</u>
Employee deferrals	5,275	-
Employer contributions	<u>-</u>	<u>256,337</u>
Total contributions	<u>5,275</u>	<u>256,337</u>
Total additions	<u>50,614</u>	<u>239,367</u>
DEDUCTIONS:		
Benefits paid to participants	784,595	97,130
Administrative expenses	<u>11,206</u>	<u>14,873</u>
Total deductions	<u>795,801</u>	<u>112,003</u>
NET INCREASE (DECREASE)	(745,187)	127,364
ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF THE YEAR	<u>1,580,685</u>	<u>1,453,321</u>
ASSETS AVAILABLE FOR BENEFITS, END OF THE YEAR	<u>\$ 835,498</u>	<u>\$ 1,580,685</u>

See notes to financial statements.

MPC PLATING, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of MPC Plating, Inc. Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan, established effective November 1, 1987 and amended and restated effective January 1, 2016, is a defined contribution plan which covers substantially all employees of M.P.C. Plating, LLC (the "Company"). M.P.C. Plating, LLC resulted from the merger of M.P.C. Plastics, Inc. into M.P.C. Plating, Inc. on August 9, 2016 and the subsequent conversion of M.P.C. Plating, Inc. to an Ohio Limited Liability Company. Prior to the merger, the Plan covered employees of both M.P.C. Plating, Inc. and M.P.C. Plastics, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

UBS Financial Services, Inc. was the plan custodian from January 1, 2015 to August 11, 2016; effective August 12, 2016 Mid Atlantic Trust Company served as the plan custodian. UBS Financial Services, Inc. served as investment advisor to the Plan from January 1, 2015 to August 11, 2016 with Fort Pitt Capital providing such services thereafter.

In order to participate in the Plan, employees must be age 21 or older and have three months of service as defined in the plan document. Employees may start deferring pay into the Plan on the first day of the month following achievement of the eligibility requirements.

Participant Contributions - Prior to an amendment and restatement effective January 1, 2016, the Plan did not provide for participant contributions. Under the amended and restated plan, participants may elect to contribute to the Plan, on a pretax or after tax basis, up to the limits established by the Internal Revenue Service. While the Plan was amended effective January 1, 2016, deferrals did not commence until December 2016.

Employer Contributions - The Plan provided only for discretionary profit sharing contributions through December 31, 2015. Effective January 1, 2016, the amended and restated plan also provides for discretionary matching contributions on employee deferrals. A discretionary profit sharing contribution was not made for the year ended December 31, 2016. The discretionary profit sharing contribution was \$256,337 for the year ended December 31, 2015, which was funded on April 18, 2016. Beginning on June 9, 2017, the employer provided a matching contribution equal to 100% of the first 3% and 50% of the next 2% of employee deferrals. In order to be eligible for employer contributions, employees must be age 21 or older and have one year of service as defined in the plan document. Entry dates are on January 1st and July 1st, following the achievement of the year of service.

Participant Accounts - Participant accounts are maintained by a third party administrator (TPA). The TPA utilized by the Plan for the period of January 1, 2015 to August 11, 2016 was National Associates, Inc.; effective August 12, 2016, River Edge Advanced Retirement Solutions performed the administrative services.

Each participant's account is credited with contributions and an allocation of the Plan's earnings. Prior to August 12, 2016, investments were selected by the trustees; subsequently, investments are participant directed. Allocations of plan earnings are based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. Prior to August 12, 2016, earnings were generally allocated annually on December 31st of each year. However, an allocation was performed effective August 11, 2016 immediately prior to implementation of a daily valuation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

During the period from January 1, 2015 to August 11, 2016, all investment activity was non-participant directed and was in mutual funds; interest and dividend income was \$19,961 and net appreciation in the fair value of investments was \$25,595 for this period. All investments are participant directed for the period of August 12, 2016 to December 31, 2016.

Payment of Benefits - On termination of service or upon attainment of age 59 1/2, and subject to certain restrictions, a participant may elect to receive an amount equal to, or less than, the value of the participant's vested interest in his or her account in the form of a lump-sum payment, subject to tax withholding requirements; a qualified rollover; or installment payments. The Plan further provides for hardship withdrawals except that account balances resulting from certain types of contributions are not eligible.

Vesting - Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting of employer contributions and earnings thereon is according to the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 3	0%
Greater than or equal to 3	100%

Forfeitures - Forfeitures represent the portion of non-vested benefit payments remaining in the Plan for all terminated employees. Forfeiture balances may be used at the discretion of the employer to pay administrative expenses of the Plan or to reduce future employer contributions. There were no forfeitures for the year ended December 31, 2016. Forfeitures of \$4,114 for the year ended December 31, 2015 were used to reduce the 2015 employer contribution paid in 2016.

Participant Loans - Loans to participants are not permitted.

Administrative Expenses - The Plan's expenses may be paid by the Plan or the Company. Exclusive of audit fees paid by the Company, substantially all expenses were paid by the Plan for the years ended December 31, 2016 and 2015.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The Plan's financial statements are prepared under the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of changes in assets available for benefits during the reporting periods. Actual results could differ from those estimates.

Cash and Cash Equivalents - The Plan considers all highly liquid debt securities with original maturities of three months or less to be cash equivalents.

Investment Valuation and Income Recognition - Investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Generally accepted accounting principles establish a framework for measuring fair value of financial assets which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access.
- Level 2 - Inputs are not quoted prices in active markets, but they are observable either directly or indirectly.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset'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.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds: The funds are valued at quoted market prices reported on the active markets in which the individual funds are traded (level 1 measurement).

Common/Collective Trust: Valued at the net asset value per share as determined by the trust (level 2 measurement).

There have been no changes to the methodologies used at December 31, 2016 or 2015. The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting dates.

Net Change in Fair Value of Investments - The Plan presents the unrealized appreciation (depreciation) in the fair value of its investments, which consists of the realized gains and losses and the net unrealized appreciation (depreciation) of the investments in the statements of changes in assets available for benefits.

Risks and Uncertainties - The Plan invests in various investment securities which are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of assets available for benefits.

Contributions - Employee and employer matching contributions to the Plan are recorded in the period during which the Company makes payroll deductions from the participant's earnings. Employer profit sharing contributions are recorded in the period earned.

Subsequent Events - Management has evaluated subsequent events through October __, 2017, the date which the financial statements were available to be issued.

3. INVESTMENTS

The following tables present the Plan's investments, which are held in trust by Mid Atlantic Trust Company, by level within the fair value hierarchy (see Note 2) at December 31, 2016.

	Assets at Fair Value as of December 31, 2016		
	Level 1	Level 2	Total
Mutual funds	\$ 811,059	\$ -	\$ 811,059
Common/collective trust	-	24,439	24,439
Total	<u>\$ 811,059</u>	<u>\$ 24,439</u>	<u>\$ 835,498</u>

All investments at December 31, 2015 were level 1 mutual funds.

4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of termination, all participants shall become 100% vested in their accounts.

5. INCOME TAX STATUS

The Plan is in the form of a volume submitter plan, which the IRS has identified as acceptable under Section 401 of the Internal Revenue Code based on the plan design as of March 31, 2014. Prior to the January 1, 2016 amendment and restatement, the Plan was in the form of a prototype plan, which the IRS had also identified as acceptable under Section 401 of the Internal Revenue Code as of March 31, 2014. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. Management believes that there is no liability related to uncertain tax positions at December 31, 2016 or 2015. The Plan is no longer subject to tax examinations for tax years before December 31, 2013.

MPC PLATING, INC. PROFIT SHARING PLAN
EIN: 34-1307524 PLAN 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2016

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Identity of Issuer	(e) Current Value
	Vanguard	Total Bond Market Index Fund	\$ 15,982
	Vanguard	500 Index Fund	9,901
	Vanguard	Mid Cap Index Fund	5,524
	Vanguard	Small Cap Index Fund	1,347
	Vanguard	International Stock Index Fund	1,241
	Vanguard	Target Retirement 2010 Fund	33,387
	Vanguard	Target Retirement 2015 Fund	98,051
	Vanguard	Target Retirement 2020 Fund	118,180
	Vanguard	Target Retirement 2025 Fund	226,717
	Vanguard	Target Retirement 2030 Fund	86,131
	Vanguard	Target Retirement 2035 Fund	44,528
	Vanguard	Target Retirement 2040 Fund	60,444
	Vanguard	Target Retirement 2045 Fund	53,490
	Vanguard	Target Retirement 2050 Fund	32,390
	Vanguard	Target Retirement 2055 Fund	23,116
	Vanguard	Target Retirement 2060 Fund	630
*	Fort Pitt Capital Group	Strategic Asset Allocation Fund	24,439
		Total Investments	<u>\$ 835,498</u>

*Party-in-interest

MPC PLATING, INC. PROFIT SHARING PLAN
EIN: 34-1307524 PLAN 001

SCHEDULE OF SINGLE REPORTABLE TRANSACTIONS - (SCHEDULE H, LINE 4j)
FOR THE YEAR ENDED DECEMBER 31, 2016

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(i) Net Gain
American Century Investments	American Century Diversified Bond Fund Class I	\$ 228,927			
American Century Investments	American Century Diversified Bond Fund Class I	-	\$ 96,122	\$ 95,861	\$ 261
American Century Investments	American Century Diversified Bond Fund Class I	-	134,184	133,458	726
Calamos	Calamos Market Neutral Income Fund Class I	-	130,188	127,248	2,940
Dreyfus	Dreyfus/Standish Global Fixed Income Class I	157,105	-	-	-
Dreyfus	Dreyfus/Standish Global Fixed Income Class I	-	97,622	96,067	1,555
Dreyfus	Dreyfus/Standish Global Fixed Income Class I	-	133,770	131,339	2,431
Gabelli Family	Gabelli Equity Income Fund Class I	-	99,051	87,298	11,753
Henderson Global Family	Henderson Global Equity Fund	-	107,371	117,902	(10,531)
Invesco	Invesco Diversified Dividend Fund Class Y	117,828	-	-	-
JP Morgan	JP Morgan Multi-Manager Alternatives Fund Class I	157,105	-	-	-
JP Morgan	JP Morgan Multi-Manager Alternatives Fund Class I	-	89,722	88,655	1,067
Lord Abbett	Lord Abbett Bond Debenture Fund Class F	-	103,685	100,749	2,936
Lord Abbett	Lord Abbett Bond Debenture Fund Class F	-	134,589	130,945	3,644
Legg Mason	Western Asset Core Plus Bond Fund Class I	-	98,889	94,281	4,608
Legg Mason	Western Asset Core Plus Bond Fund Class I	-	134,680	127,976	6,704

MPC PLATING, INC. PROFIT SHARING PLAN
EIN: 34-1307524 PLAN 001

SCHEDULE OF SERIES REPORTABLE TRANSACTIONS - (SCHEDULE H, LINE 4j)
FOR THE YEAR ENDED DECEMBER 31, 2016

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(i) Net Gain
American Century Investments****	American Century Diversified Bond Fund Class I	\$ 228,927	\$ 230,700	\$ 228,927	\$ 1,773
American Century Investments*	American Century Heritage	23,608	116,699	126,235	(9,536)
Blackrock Family*	Blackrock Equity Dividend Fund Institutional	17,643	120,749	114,870	5,879
Calamos**	Calamos Market Neutral Income Fund Class I	-	130,584	127,248	3,336
Dreyfus*	Dreyfus Research Growth Fund I	18,414	115,915	117,846	(1,931)
Dreyfus***	Dreyfus/Standish Global Fixed Income Class I	230,726	234,709	230,726	3,983
Gabelli Family**	Gabelli Equity Income Fund Class I	-	100,132	87,298	12,834
Gabelli Family*	Gabelli Focus Five Class I	13,047	76,013	83,291	(7,278)
Henderson Global Family**	Henderson Global Equity Fund	27,294	152,006	156,924	(4,918)
Invesco**	Invesco Diversified Dividend Fund Class Y	117,828	119,354	117,828	1,526
JP Morgan***	JP Morgan Multi-Manager Alternatives Fund Class I	157,105	158,723	157,105	1,618
Loomis Sayles*	Loomis Sayles Strategic Income Fund Class Y	14,282	82,853	86,174	(3,321)
Lord Abbett***	Lord Abbett Bond Debenture Fund Class F	102,171	247,530	236,280	11,250
MFS Investment Mgmt.*	MFS International Diversification Fund Class I	14,217	76,741	77,453	(712)
Prudential*	Prudential Global Real Estate Fund Z	78,552	79,160	78,552	608
Legg Mason***	Western Asset Core Plus Bond Fund Class I	98,175	239,758	225,078	14,680

* Aggregate of multiple purchases and sales transactions, none of which individually exceeded 5% of the plan assets at the beginning of the plan year.

** Aggregate of multiple purchases and sales transactions, one of which individually exceeded 5% of the plan assets at the beginning of the plan year.

*** Aggregate of multiple purchases and sales transactions, two of which individually exceeded 5% of the plan assets at the beginning of the plan year.

**** Aggregate of multiple purchases and sales transactions, three of which individually exceeded 5% of the plan assets at the beginning of the plan year.

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 01/01/2016 and ending 12/31/2016		
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ 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 MPC Plating, Inc. Profit Sharing Plan	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	11/01/1987
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) M.P.C. Plating, LLC 1859 East 63rd Street Cleveland, OH 44103	2b Employer Identification Number (EIN)	34-1307524
	2c Plan Sponsor's telephone number	(216) 881-7220
	2d Business code (see instructions)	332810

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		8/7/18	Dale Buckwalter
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2016)
v. 160205

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: a Sponsor's name MPC Plating, Inc		4b EIN 34-1307524 4c PN 001	
5 Total number of participants at the beginning of the plan year		5	115
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)	92
a(2) Total number of active participants at the end of the plan year		6a(2)	87
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	16
d Subtotal. Add lines 6a(2), 6b, and 6c.....		6d	103
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e.....		6f	103
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	100
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D			
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)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance	(1) ☐ Insurance	(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust	(3) ☒ Trust	(3) ☒ Trust	
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor	(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)		
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)		
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(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 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 MPC Plating, Inc. Profit Sharing Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	001	
B Three-digit plan number (PN) ►	001					
C Plan sponsor's name as shown on line 2a of Form 5500 M.P.C. Plating, LLC	D Employer Identification Number (EIN) 34-1307524					

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

UBS Financial Services, Inc.

30050 Chagrin Blvd.

13-2638166

Suite 200

Pepper Pike, OH 44124

(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?
28 51		10712	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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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 MPC Plating, Inc. Profit Sharing Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 M.P.C. Plating, LLC	D Employer Identification Number (EIN) 34-1307524	

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)	256337	68641
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	1324348	835498
(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	1580685	904139
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1580685	904139

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)	62816	
(B) Participants	2a(1)(B)	5275	
(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)		68091
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock			
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	46971	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		46971
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds			
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate			
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		4193
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		119255

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	784595	
(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)		784595
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)	11206	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11206
j Total expenses. Add all expense amounts in column (b) and enter total	2j		795801

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-676546
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: Grossman Yanak & Ford, LLP

(2) EIN: 25-1638525

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	120000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f	X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h	X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X	
l Has the plan failed to provide any benefit when due under the plan?	4l	X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X	
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. (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 MPC Plating, Inc. Profit Sharing Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"> B Three-digit plan number (PN) ▶ </td> <td style="width: 30%; padding: 5px; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001		
C Plan sponsor's name as shown on line 2a of Form 5500 M.P.C. Plating, LLC	D Employer Identification Number (EIN) 34-1307524		

Part I	Distributions
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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	
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): _____		
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	17

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

MPC PLATING, INC. PROFIT SHARING PLAN
EIN: 34-1307524 PLAN 001

SCHEDULE OF SINGLE REPORTABLE TRANSACTIONS - (SCHEDULE H, LINE 4j)
FOR THE YEAR ENDED DECEMBER 31, 2016

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(i) Net Gain
American Century Investments	American Century Diversified Bond Fund Class I	\$ 228,927			
American Century Investments	American Century Diversified Bond Fund Class I	-	\$ 96,122	\$ 95,861	\$ 261
American Century Investments	American Century Diversified Bond Fund Class I	-	134,184	133,458	726
Calamos	Calamos Market Neutral Income Fund Class I	-	130,188	127,248	2,940
Dreyfus	Dreyfus/Standish Global Fixed Income Class I	157,105	-	-	-
Dreyfus	Dreyfus/Standish Global Fixed Income Class I	-	97,622	96,067	1,555
Dreyfus	Dreyfus/Standish Global Fixed Income Class I	-	133,770	131,339	2,431
Gabelli Family	Gabelli Equity Income Fund Class I	-	99,051	87,298	11,753
Henderson Global Family	Henderson Global Equity Fund	-	107,371	117,902	(10,531)
Invesco	Invesco Diversified Dividend Fund Class Y	117,828	-	-	-
JP Morgan	JP Morgan Multi-Manager Alternatives Fund Class I	157,105	-	-	-
JP Morgan	JP Morgan Multi-Manager Alternatives Fund Class I	-	89,722	88,655	1,067
Lord Abbett	Lord Abbett Bond Debenture Fund Class F	-	103,685	100,749	2,936
Lord Abbett	Lord Abbett Bond Debenture Fund Class F	-	134,589	130,945	3,644
Legg Mason	Western Asset Core Plus Bond Fund Class I	-	98,889	94,281	4,608
Legg Mason	Western Asset Core Plus Bond Fund Class I	-	134,680	127,976	6,704

MPC PLATING, INC. PROFIT SHARING PLAN
EIN: 34-1307524 PLAN 001

SCHEDULE OF SERIES REPORTABLE TRANSACTIONS - (SCHEDULE H, LINE 4j)
FOR THE YEAR ENDED DECEMBER 31, 2016

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(i) Net Gain
American Century Investments****	American Century Diversified Bond Fund Class I	\$ 228,927	\$ 230,700	\$ 228,927	\$ 1,773
American Century Investments*	American Century Heritage	23,608	116,699	126,235	(9,536)
Blackrock Family*	Blackrock Equity Dividend Fund Institutional	17,643	120,749	114,870	5,879
Calamos**	Calamos Market Neutral Income Fund Class I	-	130,584	127,248	3,336
Dreyfus*	Dreyfus Research Growth Fund I	18,414	115,915	117,846	(1,931)
Dreyfus***	Dreyfus/Standish Global Fixed Income Class I	230,726	234,709	230,726	3,983
Gabelli Family**	Gabelli Equity Income Fund Class I	-	100,132	87,298	12,834
Gabelli Family*	Gabelli Focus Five Class I	13,047	76,013	83,291	(7,278)
Henderson Global Family**	Henderson Global Equity Fund	27,294	152,006	156,924	(4,918)
Invesco**	Invesco Diversified Dividend Fund Class Y	117,828	119,354	117,828	1,526
JP Morgan***	JP Morgan Multi-Manager Alternatives Fund Class I	157,105	158,723	157,105	1,618
Loomis Sayles*	Loomis Sayles Strategic Income Fund Class Y	14,282	82,853	86,174	(3,321)
Lord Abbett***	Lord Abbett Bond Debenture Fund Class F	102,171	247,530	236,280	11,250
MFS Investment Mgmt.*	MFS International Diversification Fund Class I	14,217	76,741	77,453	(712)
Prudential*	Prudential Global Real Estate Fund Z	78,552	79,160	78,552	608
Legg Mason***	Western Asset Core Plus Bond Fund Class I	98,175	239,758	225,078	14,680

* Aggregate of multiple purchases and sales transactions, none of which individually exceeded 5% of the plan assets at the beginning of the plan year.

** Aggregate of multiple purchases and sales transactions, one of which individually exceeded 5% of the plan assets at the beginning of the plan year.

*** Aggregate of multiple purchases and sales transactions, two of which individually exceeded 5% of the plan assets at the beginning of the plan year.

**** Aggregate of multiple purchases and sales transactions, three of which individually exceeded 5% of the plan assets at the beginning of the plan year.



GROSSMAN YANAK & FORD LLP
Certified Public Accountants and Consultants

MPC PLATING, INC. PROFIT SHARING PLAN

**Financial Statements for the Years Ended December 31, 2016 and
2015, Supplemental Schedules for the Year Ended December 31,
2016 and Independent Auditors' Report**

MPC PLATING, INC. PROFIT SHARING PLAN

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Schedules not included herein are omitted because of the absence of conditions under which they are required.



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
MPC Plating, Inc. Profit Sharing Plan

We have audited the accompanying financial statements of MPC Plating, Inc. Profit Sharing Plan, which comprise the statement of assets available for benefits as of December 31, 2016, and the related statement of changes in assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards 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 auditors consider 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 involves 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 that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the 2016 financial statements referred to above present fairly, in all material respects, the assets available for benefits of MPC Plating, Inc. Profit Sharing Plan as of December 31, 2016, and the changes in assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Supplemental Schedules

Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules listed in the accompanying table of contents 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 and 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, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Matter - 2015 Financial Statements

The financial statements of MPC Plating, Inc. Profit Sharing Plan as of December 31, 2015 were audited by other auditors whose report dated September 1, 2016 expressed an unmodified opinion on those statements.

Braseman Smith & Ford LLP

Pittsburgh, Pennsylvania
July 31, 2018

MPC PLATING, INC. PROFIT SHARING PLAN

STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
Investments	\$ 835,498	\$ 1,273,529
Cash and cash equivalents	-	50,819
Employer contributions receivable	<u>68,641</u>	<u>256,337</u>
 ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 904,139</u>	 <u>\$ 1,580,685</u>

See notes to financial statements.

MPC PLATING, INC. PROFIT SHARING PLAN**STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015**

	<u>2016</u>	<u>2015</u>
ADDITIONS:		
Interest and dividend income	\$ 46,971	\$ 73,861
Net appreciation (depreciation) in fair value of investments	<u>4,193</u>	<u>(90,831)</u>
Net investment income (loss)	<u>51,164</u>	<u>(16,970)</u>
Employee deferrals	5,275	-
Employer contributions	<u>62,816</u>	<u>256,337</u>
Total contributions	<u>68,091</u>	<u>256,337</u>
Total additions	<u>119,255</u>	<u>239,367</u>
DEDUCTIONS:		
Benefits paid to participants	784,595	97,130
Administrative expenses	<u>11,206</u>	<u>14,873</u>
Total deductions	<u>795,801</u>	<u>112,003</u>
NET INCREASE (DECREASE)	(676,546)	127,364
ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF THE YEAR	<u>1,580,685</u>	<u>1,453,321</u>
ASSETS AVAILABLE FOR BENEFITS, END OF THE YEAR	<u>\$ 904,139</u>	<u>\$ 1,580,685</u>

See notes to financial statements.

MPC PLATING, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of MPC Plating, Inc. Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan, established effective November 1, 1987 and amended and restated effective January 1, 2016, is a defined contribution plan which covers substantially all employees of M.P.C. Plating, LLC (the "Company"). M.P.C. Plating, LLC resulted from the merger of M.P.C. Plastics, Inc. into M.P.C. Plating, Inc. on August 9, 2016 and the subsequent conversion of M.P.C. Plating, Inc. to an Ohio Limited Liability Company. Prior to the merger, the Plan covered employees of both M.P.C. Plating, Inc. and M.P.C. Plastics, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

UBS Financial Services, Inc. was the plan custodian from January 1, 2015 to August 11, 2016; effective August 12, 2016 Mid Atlantic Trust Company served as the plan custodian. UBS Financial Services, Inc. served as investment advisor to the Plan from January 1, 2015 to August 11, 2016 with Fort Pitt Capital providing such services thereafter.

In order to participate in the Plan, employees must be age 21 or older and have three months of service as defined in the plan document. Employees may start deferring pay into the Plan on the first day of the month following achievement of the eligibility requirements.

Participant Contributions - Prior to an amendment and restatement effective January 1, 2016, the Plan did not provide for participant contributions. Under the amended and restated plan, participants may elect to contribute to the Plan, on a pretax or after tax basis, up to the limits established by the Internal Revenue Service. While the Plan was amended effective January 1, 2016, deferrals did not commence until December 2016.

Employer Contributions - The Plan provided only for discretionary profit sharing contributions through December 31, 2015. Effective January 1, 2016, the amended and restated plan also provides for discretionary matching contributions on employee deferrals. A discretionary profit sharing contribution was not made for the year ended December 31, 2016. The discretionary profit sharing contribution was \$256,337 for the year ended December 31, 2015, which was funded on April 18, 2016. Beginning on June 9, 2017, the employer provided a matching contribution equal to 100% of the first 3% and 50% of the next 2% of employee deferrals. In order to be eligible for discretionary profit sharing contributions, employees must be age 21 or older and have one year of service as defined in the plan document. Entry dates are on January 1st

and July 1st, following the achievement of the year of service. In order to be eligible for employer matching contributions, employees must be age 21 or older and have three months of service as defined in the plan document.

Participant Accounts - Participant accounts are maintained by a third party administrator (TPA). The TPA utilized by the Plan for the period of January 1, 2015 to August 11, 2016 was National Associates, Inc.; effective August 12, 2016, RiverEdge Advanced Retirement Solutions performed the administrative services.

Each participant's account is credited with contributions and an allocation of the Plan's earnings. Prior to August 12, 2016, investments were selected by the trustees; subsequently, investments are participant directed. Allocations of plan earnings are based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. Prior to August 12, 2016, earnings were generally allocated annually on December 31st of each year. However, an allocation was performed effective August 11, 2016, immediately prior to implementation of a daily valuation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

During the period from January 1, 2015 to August 11, 2016, all investment activity was non-participant directed and was in mutual funds; interest and dividend income was \$19,961 and net appreciation in the fair value of investments was \$25,595 for the period from January 1, 2016 to August 11, 2016. All investments are participant directed for the period of August 12, 2016 to December 31, 2016.

Payment of Benefits - On termination of service or upon attainment of age 59 1/2, and subject to certain restrictions, a participant may elect to receive an amount equal to, or less than, the value of the participant's vested interest in his or her account in the form of a lump-sum payment, subject to tax withholding requirements; a qualified rollover; or installment payments. The Plan further provides for hardship withdrawals except that account balances resulting from certain types of contributions are not eligible.

Vesting - Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting of employer contributions and earnings thereon is according to the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 3	0%
Greater than or equal to 3	100%

Forfeitures - Forfeitures represent the portion of non-vested benefit payments remaining in the Plan for all terminated employees. Forfeiture balances may be used at the discretion of the employer to pay

administrative expenses of the Plan or to reduce future employer contributions. There were no forfeitures for the year ended December 31, 2016. Forfeitures of \$4,114 for the year ended December 31, 2015 were used to reduce the 2015 employer contribution paid in 2016.

Participant Loans - Loans to participants are not permitted.

Administrative Expenses - The Plan's expenses may be paid by the Plan or the Company. Exclusive of audit fees paid by the Company, substantially all expenses were paid by the Plan for the years ended December 31, 2016 and 2015.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The Plan's financial statements are prepared under the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of changes in assets available for benefits during the reporting periods. Actual results could differ from those estimates.

Cash and Cash Equivalents - The Plan considers all highly liquid debt securities with original maturities of three months or less to be cash equivalents.

Investment Valuation and Income Recognition - Investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Generally accepted accounting principles establish a framework for measuring fair value of financial assets which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access.
- Level 2 - Inputs are not quoted prices in active markets, but they are observable either directly or indirectly.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset'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.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds: The funds are valued at quoted market prices reported on the active markets in which the individual funds are traded (level 1 measurement).

Common/Collective Trust: Valued at the net asset value per share as determined by the trust (level 2 measurement).

There have been no changes to the methodologies used at December 31, 2016 or 2015. The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting dates.

Net Change in Fair Value of Investments - The Plan presents the unrealized appreciation (depreciation) in the fair value of its investments, which consists of the realized gains and losses and the net unrealized appreciation (depreciation) of the investments in the statements of changes in assets available for benefits.

Risks and Uncertainties - The Plan invests in various investment securities which are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of assets available for benefits.

Contributions - Employee and employer matching contributions to the Plan are recorded in the period during which the Company makes payroll deductions from the participant's earnings. Employer profit sharing contributions are recorded in the period earned.

Subsequent Events - Management has evaluated subsequent events through July 31, 2018, the date which the financial statements were available to be issued.

3. INVESTMENTS

The following tables present the Plan's investments, which are held in trust by Mid Atlantic Trust Company, by level within the fair value hierarchy (see Note 2) at December 31, 2016.

	Assets at Fair Value as of December 31, 2016		
	Level 1	Level 2	Total
Mutual funds	\$ 811,059	\$ -	\$ 811,059
Common/collective trust	-	24,439	24,439
Total	<u>\$ 811,059</u>	<u>\$ 24,439</u>	<u>\$ 835,498</u>

All investments at December 31, 2015 were level 1 mutual funds.

4. CORRECTIVE CONTRIBUTION

MPC Holdings, LLC acquired the stock of MPC Plating, Inc., the sponsor of the Plan, on April 29, 2016. In conjunction with diligence, it was discovered that a highly-compensated employee, as defined in the Internal Revenue Code, had not received the proper employer profit sharing contributions for the years ended December 31, 2014 and 2012.

This matter was disputed between MPC Holdings, LLC and the former owner of MPC Plating, Inc. with resolution not occurring until 2018. The employer sponsor resolved this matter under the Self-Correction Program specified in Revenue Procedure 2016-51. Accordingly, the Plan has reflected a contribution receivable of \$68,641 at December 31, 2016, which is comprised of the corrective contributions which aggregate \$62,816 as well as earnings of \$5,825, determined using the Department of Labor calculator, from the dates that the contribution should have been made to December 31, 2016. The contributions of \$62,816 and earnings through the date of deposit of \$10,550 were contributed to the Plan on July 31, 2018.

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of termination, all participants shall become 100% vested in their accounts.

6. INCOME TAX STATUS

The Plan is in the form of a volume submitter plan, which the IRS has identified as acceptable under Section 401 of the Internal Revenue Code based on the plan design as of March 31, 2014. Prior to the January 1, 2016 amendment and restatement, the Plan was in the form of a prototype plan, which the IRS had also identified as acceptable under Section 401 of the Internal Revenue Code as of March 31, 2014. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. Management believes that there is no liability related to uncertain tax positions at December 31, 2016 or 2015. The Plan is no longer subject to tax examinations for tax years before December 31, 2013.

MPC PLATING, INC. PROFIT SHARING PLAN
EIN: 34-1307524 PLAN 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2016

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Identity of Issuer	(e) Current Value
	Vanguard	Total Bond Market Index Fund	\$ 15,982
	Vanguard	500 Index Fund	9,901
	Vanguard	Mid Cap Index Fund	5,524
	Vanguard	Small Cap Index Fund	1,347
	Vanguard	International Stock Index Fund	1,241
	Vanguard	Target Retirement 2010 Fund	33,387
	Vanguard	Target Retirement 2015 Fund	98,051
	Vanguard	Target Retirement 2020 Fund	118,180
	Vanguard	Target Retirement 2025 Fund	226,717
	Vanguard	Target Retirement 2030 Fund	86,131
	Vanguard	Target Retirement 2040 Fund	60,444
	Vanguard	Target Retirement 2045 Fund	53,490
	Vanguard	Target Retirement 2035 Fund	44,528
	Vanguard	Target Retirement 2050 Fund	32,390
	Vanguard	Target Retirement 2055 Fund	23,116
	Vanguard	Target Retirement 2060 Fund	630
*	Fort Pitt Capital Group	Growth Strategic Asset Allocation Fund	24,439
		Total Investments	<u>\$ 835,498</u>

*Party-in-interest

MPC PLATING, INC. PROFIT SHARING PLAN
EIN: 34-1307524 PLAN 001

SCHEDULE OF SINGLE REPORTABLE TRANSACTIONS - (SCHEDULE H, LINE 4j)
FOR THE YEAR ENDED DECEMBER 31, 2016

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(i) Net Gain
American Century Investments	American Century Diversified Bond Fund Class I	\$ 228,927			
American Century Investments	American Century Diversified Bond Fund Class I	-	\$ 96,122	\$ 95,861	\$ 261
American Century Investments	American Century Diversified Bond Fund Class I	-	134,184	133,458	726
Calamos	Calamos Market Neutral Income Fund Class I	-	130,188	127,248	2,940
Dreyfus	Dreyfus/Standish Global Fixed Income Class I	157,105	-	-	-
Dreyfus	Dreyfus/Standish Global Fixed Income Class I	-	97,622	96,067	1,555
Dreyfus	Dreyfus/Standish Global Fixed Income Class I	-	133,770	131,339	2,431
Gabelli Family	Gabelli Equity Income Fund Class I	-	99,051	87,298	11,753
Henderson Global Family	Henderson Global Equity Fund	-	107,371	117,902	(10,531)
Invesco	Invesco Diversified Dividend Fund Class Y	117,828	-	-	-
JP Morgan	JP Morgan Multi-Manager Alternatives Fund Class I	157,105	-	-	-
JP Morgan	JP Morgan Multi-Manager Alternatives Fund Class I	-	89,722	88,655	1,067
Lord Abbett	Lord Abbett Bond Debenture Fund Class F	-	103,685	100,749	2,936
Lord Abbett	Lord Abbett Bond Debenture Fund Class F	-	134,589	130,945	3,644
Legg Mason	Western Asset Core Plus Bond Fund Class I	-	98,889	94,281	4,608
Legg Mason	Western Asset Core Plus Bond Fund Class I	-	134,680	127,976	6,704

MPC PLATING, INC. PROFIT SHARING PLAN
EIN: 34-1307524 PLAN 001

SCHEDULE OF SERIES REPORTABLE TRANSACTIONS - (SCHEDULE H, LINE 4j)
FOR THE YEAR ENDED DECEMBER 31, 2016

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(i) Net Gain
American Century Investments****	American Century Diversified Bond Fund Class I	\$ 228,927	\$ 230,700	\$ 228,927	\$ 1,773
American Century Investments*	American Century Heritage	23,608	116,699	126,235	(9,536)
Blackrock Family*	Blackrock Equity Dividend Fund Institutional	17,643	120,749	114,870	5,879
Calamos**	Calamos Market Neutral Income Fund Class I	-	130,584	127,248	3,336
Dreyfus*	Dreyfus Research Growth Fund I	18,414	115,915	117,846	(1,931)
Dreyfus***	Dreyfus/Standish Global Fixed Income Class I	230,726	234,709	230,726	3,983
Gabelli Family**	Gabelli Equity Income Fund Class I	-	100,132	87,298	12,834
Gabelli Family*	Gabelli Focus Five Class I	13,047	76,013	83,291	(7,278)
Henderson Global Family**	Henderson Global Equity Fund	27,294	152,006	156,924	(4,918)
Invesco**	Invesco Diversified Dividend Fund Class Y	117,828	119,354	117,828	1,526
JP Morgan***	JP Morgan Multi-Manager Alternatives Fund Class I	157,105	158,723	157,105	1,618
Loomis Sayles*	Loomis Sayles Strategic Income Fund Class Y	14,282	82,853	86,174	(3,321)
Lord Abbett***	Lord Abbett Bond Debenture Fund Class F	102,171	247,530	236,280	11,250
MFS Investment Mgmt.*	MFS International Diversification Fund Class I	14,217	76,741	77,453	(712)
Prudential*	Prudential Global Real Estate Fund Z	78,552	79,160	78,552	608
Legg Mason***	Western Asset Core Plus Bond Fund Class I	98,175	239,758	225,078	14,680

* Aggregate of multiple purchases and sales transactions, none of which individually exceeded 5% of the plan assets at the beginning of the plan year.

** Aggregate of multiple purchases and sales transactions, one of which individually exceeded 5% of the plan assets at the beginning of the plan year.

*** Aggregate of multiple purchases and sales transactions, two of which individually exceeded 5% of the plan assets at the beginning of the plan year.

**** Aggregate of multiple purchases and sales transactions, three of which individually exceeded 5% of the plan assets at the beginning of the plan year.

MPC PLATING, INC. PROFIT SHARING PLAN
EIN: 34-1307524 PLAN 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2016

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	Vanguard	Target Retirement 2050 Fund	32,390
	Vanguard	Target Retirement 2055 Fund	23,116
	Vanguard	Target Retirement 2060 Fund	630
*	Fort Pitt Capital Group	Strategic Asset Allocation Fund	24,439
		Total Investments	<u>\$ 835,498</u>

*Party-in-interest