

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 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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 ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>12/31/1962</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>AMANDA BENT BOLT COMPANY</u> <u>P.O. BOX 1027</u> <u>1120 CIC DRIVE</u> <u>LOGAN, OH 43138-4027</u>	2b	Employer Identification Number (EIN) <u>31-0928132</u>
		2c	Plan Sponsor's telephone number <u>740-385-6893</u>
		2d	Business code (see instructions) <u>332700</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2018	ROBERT GRUSCHOW
	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

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

Form 5500 (2017)
v. 170203

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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) 84
a(2) Total number of active participants at the end of the plan year	6a(2) 80
b Retired or separated participants receiving benefits	6b 5
c Other retired or separated participants entitled to future benefits	6c 24
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 109
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 109
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

A Name of plan <u>AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMANDA BENT BOLT COMPANY</u>	D Employer Identification Number (EIN) <u>31-0928132</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500
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Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value	2a	<u>3755921</u>	
b Actuarial value	2b	<u>3835301</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>6</u>	<u>329507</u>	<u>329507</u>
b For terminated vested participants	<u>25</u>	<u>464251</u>	<u>464251</u>
c For active participants	<u>84</u>	<u>3019888</u>	<u>3019888</u>
d Total	<u>115</u>	<u>3813646</u>	<u>3813646</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.77 %</u>	
6 Target normal cost	6	<u>166183</u>	

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

SIGN HERE		<u>10/04/2018</u>
Signature of actuary	<u>ANDREW BEHNKE, MSPA, MAAA</u>	Date
Type or print name of actuary	<u>MIDWEST PENSION ACTUARIES, INC.</u>	Most recent enrollment number
Firm name	<u>30680 TWELVE MILE ROAD FARMINGTON HILLS, MI 48334-3808</u>	<u>248-539-5000</u>
Address of the firm		Telephone number (including area code)

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>6.78</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		441823
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.96</u> %		26333
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		468156
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	100.56%
15 Adjusted funding target attainment percentage	15	100.57%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.63%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/11/2017	123361	0			
07/12/2017	123361	0			
01/31/2018	123361	0			
03/12/2018	123361	0			
Totals ▶			18(b)	493444	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	472173

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	166183	
b Excess assets, if applicable, but not greater than line 31a	31b	21655	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	144528	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	144528	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	472173	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	327645	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) 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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AMANDA BENT BOLT COMPANY	D Employer Identification Number (EIN) 31-0928132	

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)

(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 ☐

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) Department of the Treasury 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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMANDA BENT BOLT COMPANY</u>		D Employer Identification Number (EIN) <u>31-0928132</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	123361	246722
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	44672	6088
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	143476	255631
(2) U.S. Government securities.....	1c(2)	266796	247272
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	149592	187332
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	93970	55250
(B) Common	1c(4)(B)	1342255	1584939
(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)	1666521	1785041
(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	3830643	4368275

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	74234	3336
k Total liabilities (add all amounts in lines 1g through 1j)	1k	74234	3336

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3756409	4364939
---	-----------	---------	---------

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)	493444	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		493444
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1123	
(B) U.S. Government securities	2b(1)(B)	10440	
(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)		11563
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	81302	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		81302
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	458766	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		458766

		(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1045075

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	386953	
(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)		386953
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	49592	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		49592
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		436545

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		608530
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: SKILLMAN GROUP, PLC

(2) EIN: 38-3269666

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.)		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.).....		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?.....		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.).....	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.).....	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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

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 4047877. (See instructions.)

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 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 AMANDA BENT BOLT COMPANY		D Employer Identification Number (EIN) 31-0928132
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s):		
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 5
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		
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) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% 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): _____

**Amanda Bent Bolt Company Hourly Rated Employees'
Pension Plan**

**Annual Report
Years Ended December 31, 2017 and 2016**



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

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Independent Auditor's Report

To the Plan Administrator of
the Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan, which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Reliance Trust Co., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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


Certified Public Accountants

October 9, 2018



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2017	2016
Assets		
Investments - at fair value		
Mutual funds	\$ 1,785,041	\$ 1,666,521
Corporate stock	1,640,189	1,436,225
U.S. government securities	247,272	266,796
Corporate bonds	168,016	137,525
Foreign bonds, notes and debentures	19,316	12,067
Total Investments	3,859,834	3,519,134
Receivables		
Employer receivable	246,722	123,361
Due from broker	6,088	44,672
Total Receivables	252,810	168,033
Cash and Cash Equivalents	255,631	143,476
Total Assets	4,368,275	3,830,643
Liabilities		
Accrued expenses	3,336	74,234
Net Assets Available for Benefits	\$ 4,364,939	\$ 3,756,409

See accompanying independent auditor's report and notes to financial statements.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits

<i>Year Ended December 31,</i>	2017	2016
Additions to Net Assets		
Investment Income		
Net appreciation in fair value of investments	\$ 458,766	\$ 156,254
Dividend income	81,302	73,456
Interest	11,563	9,240
Total Investment Income	551,631	238,950
Contributions		
Employer	493,444	493,444
Total Additions to Net Assets	1,045,075	732,394
Deductions from Net Assets		
Benefits paid to participants and beneficiaries	386,953	442,327
Fees	49,592	40,155
Total Deductions from Net Assets	436,545	482,482
Net Increase in Net Assets Available for Benefits	608,530	249,912
Net Assets Available for Benefits		
Beginning of year	3,756,409	3,506,497
End of year	\$ 4,364,939	\$ 3,756,409

See accompanying independent auditor's report and notes to financial statements.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Accumulated Plan Benefits

<i>December 31,</i>	2017	2016
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Active participants	\$ 3,667,777	\$ 3,464,700
Benefits in pay status	397,313	347,391
Deferred vested benefits	693,624	530,154
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 4,758,714	\$ 4,342,245

See accompanying independent auditor's report and notes to financial statements.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Changes in Accumulated Plan Benefits

<i>Year Ended December 31,</i>	2017	2016
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 4,342,245	\$ 4,102,765
Increase (decrease) during the year attributable to:		
Increase due to passage of time	192,796	177,650
Additional benefits accrued and experience loss/(gain)	211,880	213,790
Increase due to change in actuarial assumptions	398,797	290,367
Benefit payments	(387,004)	(442,327)
Actuarial Present Value of Accumulated Plan Benefits at End of Year	\$ 4,758,714	\$ 4,342,245

See accompanying independent auditor's report and notes to financial statements.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

1. Description of the Plan

The following brief description of the Amanda Bent Bolt Company (the "Company") Hourly Rated Employees' Pension Plan ("the Plan") is provided for general purposes only. The provisions of this Plan shall apply only to an employee who terminates employment on or after the Effective Date, January 1, 2003. The rights and benefits, if any, of a former employee shall be determined in accordance with the prior provisions of the Plan in effect on the date employment terminated. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan whose purpose is to provide retirement benefits for all eligible union employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation

Employees who are hired prior to March 29, 2011 are eligible to participate on the first day of the next Plan year after their hire date (January 1st).

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). The plan allows for early retirement at ages 55 - 65 for a participant, or a vested participant who has completed at least five years of service with such benefits reduced as defined in the plan's provisions. If an employee terminates before rendering five years of service, they forfeit the right to receive any benefits.

Each participant shall have a nonforfeitable right to receive a normal pension plan benefit commencing on the first day of the calendar month following his/her normal retirement date and payable thereafter for his/her lifetime in an amount equal to the sum of (A) for participants retiring after the effective date in (B) multiplied by the number of years and fractional parts of years of credited service. See following page.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

1. Description of the Plan (continued)

Pension Benefits - continued

(A)	(B)
<u>Dollar Amount</u>	<u>Effective Date</u>

See Plan Document for Prior Year's Information

\$34.50	March 10, 2013
\$35.00	March 10, 2014
\$35.50	March 10, 2015
\$36.00	March 10, 2016
\$36.50	March 10, 2017

Death and Disability Benefits

In an event of the death of a participant who has a nonforfeitable accrued benefit, a death benefit equal to the actuarial equivalent of such accrued benefit as of the date of the participant's death shall be payable in accordance with the Plan's document. A participant who has completed at least five years of service may retire or be retired on the first day of any calendar month prior to his normal retirement date provided he has become totally and permanently disabled as defined in the Plan's document. The amount of retirement benefit shall be an immediate benefit equal to the participant's accrued benefit computed as of the effective date of the disability. If the participant is denied disability insurance benefits under Title II of the Federal Social Security Act, the amount of the disability retirement benefit payments as calculated above shall be increased by 100% until they attain age 62.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company made contributions of \$493,444 during 2017 and 2016. The Company's contributions for 2017 and 2016 exceeded the minimum funding requirements of ERISA.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

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. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

3. Actuary Information

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions for the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the employees projected monthly retirement income at normal retirement date, based on monthly plan compensation and credited service at the date of computation. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Midwest Pension Actuaries, Inc. and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted.

The significant actuarial assumptions used in determining accumulated plan benefits as of December 31, 2017, are as follows:

Funding Interest Rate:

Segment Rates with a 3-Month Lookback

Segment	Rate
1	1.52%
2	3.80%
3	4.79%



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

3. Actuary Information (continued)

Mortality: IRS 2017 Static Mortality Table

Assumed Retirement Age:

Retirement Rates are as follows:

Age	Retirement Rate
55-59	2%
60	10%
61	15%
62	25%
63	15%
64	20%
65	100%

Funding Rate

Participants eligible for unreduced retirement benefits are assumed to retire at the rate of 50% per year before the age of 65, and 100% per year at age 65 and later.

Form of Payment

All active employee benefits are assumed to be paid in the form of a lump sum payment, calculated using an assumed PBGC immediate interest rate of 1.57% / 3.45% / 4.39% and the IRS 2017 Applicable Mortality Table.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

4. Fair Value Measurements

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

Level 1 Fair Value Measurements

Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Common Stocks and Preferred Stocks

The fair values are based on quoted market prices.

Mutual Funds

Valued using the Net Asset Value (NAV) of shares held by the plan at year-end. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is quoted in an active market.

Level 2 Fair Value Measurements

Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies.

U.S. Government Securities, Corporate Bonds and Foreign Bonds, Notes and Debentures

The fair values are measured using a market approach based on yields currently available on comparable securities of issuers with similar credit ratings.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

4. Fair Value Measurements (continued)

Level 3 Fair Value Measurements

Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

There have been no changes in the methodologies used at December 31, 2017 and 2016.

The table below and on the next page segregates all financial assets as of December 31, 2017 and 2016 that are measured at fair value on a recurring basis (at least annually) into the most appropriate level within the fair value hierarchy based on inputs used to determine the fair value at the measurement date.

Description	12/31/2017	Fair Value Measurements Using		
		Quoted Prices In Active Markets for for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	\$1,785,041	\$ 1,785,041	\$ -	\$ -
Corporate Stock	1,640,189	1,640,189	-	-
U.S. Government Securities	247,272	-	247,272	-
Corporate Bonds	168,016	-	168,016	-
Other	19,316	-	19,316	-
Total	\$3,859,834	\$ 3,425,230	\$ 434,604	\$ -



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

4. Fair Value Measurements (continued)

Description	12/31/2016	Fair Value Measurements Using			
		Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Mutual Funds	\$1,666,521	\$1,666,521	\$ -	\$ -	
Corporate Stock	1,436,225	1,436,225	-	-	
U.S. Government Securities	266,796	-	266,796	-	
Corporate Bonds	137,525	-	137,525	-	
Other	12,067	-	12,067	-	
Total	\$3,519,134	\$3,102,746	\$ 416,388	\$ -	

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2017, there were no significant transfers in or out of levels 1, 2, or 3.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

5. Information Certified by the Plan's Custodians

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental material is complete and accurate.

<i>December 31,</i>	2017	2016
Description		
Mutual Funds, at fair value	\$ 1,785,041	\$ 1,666,521
Corporate Stock, at fair value	1,640,189	1,436,225
U.S. Government Securities, at fair value	247,272	266,796
Corporate Bonds, at fair value	168,016	137,525
Foreign Bonds, Notes and Debentures, at fair value	19,316	12,067
Net Appreciation in Fair Value of Investments	458,766	156,254
Dividends	81,302	73,456
Interest	11,563	9,240

6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities 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 the Plan's account balances and the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes to these estimates and assumptions in the near term would be material to the financial statements.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

7. Union Agreement Amendment

In March 2017, Amanda Bent Bolt Company and the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, Local 1549, signed a new agreement. Under this agreement, a 401k plan replaced the defined pension plan for all employees hired after March 29, 2011. Future pension plan benefits under this new agreement is as follows:

Dollar Amount	Effective Date
\$36.50	March 10, 2017
\$37.00	March 10, 2018
\$37.50	March 10, 2019

8. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated June 28, 2012, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

9. Party In Interest Transactions

As described in Note 2, the Plan paid certain expenses related to plan operations totaling \$49,592 and \$40,155 for the years ended December 31, 2017 and 2016, respectively. These transactions are party in interest transactions under ERISA.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

10. Plan Termination

Although it has not expressed any intent to do so, the Plan may be terminated by action of the Board of Directors of the Employer or by the Pension Benefit Guaranty Corporation (PBGC) in accordance with the provisions of ERISA. In either event, all accrued benefits as of the date of termination shall become fully vested and nonforfeitable. If the Plan is fully funded, the Trustees shall first deduct its reasonable expenses and compensation for the administration of the Plan, and other remaining expenses to other parties. The remainder of the assets of the Plan shall be liquidated and allocated among active participants, pensioners and former participants and their beneficiaries and spouses, as described in the Plan document. If the plan terminated under distressed termination, the assets would be distributed under the guidelines established by the PBGC.

Certain benefits under the plan are insured by the PBGC if the plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the plan, and the amount of benefit protection is subject to certain limitations.

11. ERISA Bond Requirement

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total plan assets, and is required to be at least equal to the lesser of 10% of the Plan's assets at the beginning of the plan year or \$500,000. At December 31, 2017 and 2016, the Plan's sponsor maintained bond coverage in the amount of \$1,000,000.

12. Date of Management's Review

The Company has evaluated all events subsequent to the balance sheet date of December 31, 2017 through October 9, 2018, the date the accompany financial statements and supplemental schedules were available to be issued, and determined there were no subsequent events requiring additional disclosure.



Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 To 4		5 To 9		10 To 14		15 To 19		20 To 24		25 To 29		30 To 34		35 To 39		40 & Up	
	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	7	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0
40 to 44	1	0	0	0	4	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	6	0	0	0	3	0	1	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	3	0	0	0	0	0	3	0	3	0	1	0	0	0	0	0
55 to 59	2	0	1	0	3	0	1	0	0	0	2	0	1	0	3	0	0	0	1	0
60 to 64	0	0	0	0	3	0	0	0	0	0	2	0	0	0	1	0	1	0	3	0
65 to 69	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: Amanda Bent Bolt Company Hourly Rated Ees' Pension Plan
Plan sponsor's name: Amanda Bent Bolt Company

Plan number: 002
EIN: 31-0928132

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant: 2017 Nonannuitant Male
Female Nonannuitant: 2017 Nonannuitant Female
Male Annuitant: 2017 Annuitant Male
Female Annuitant: 2017 Annuitant Female

Applicable months from valuation month: 4
Probability of lump sum: 100.00%
Use pre-retirement mortality: Yes

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	1.52	3.80	4.79
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.16	5.72	6.48
Override:	0.00	0.00	0.00

Salary Scale

Male: 0.00%
Female: 0.00%

Withdrawal

Male: N/A
Female: N/A

Withdrawal-Select

Male: N/A
Female: N/A

Early Retirement Rates

Male: ER Amanda
Female: ER Amanda

Subsidized Early Retirement Rates

Male: 50% - 62, 63, 64
Female: 50% - 62, 63, 64

Options:

Use optional combined mortality table for small plans: Yes
Use discount rate transition: No
Lump sums use proposed regulations: Yes

Actuarial Equivalent Floor

Stability period: plan year
Lookback months: 3
Nonannuitant: 2017 Applicable
Annuitant: 2017 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	1.57	3.45	4.39
Override:	0.00	0.00	0.00

Late Retirement Rates

Male: N/A
Female: N/A

Marriage Probability

Male: 0.00%
Female: 0.00%
Expense loading: 0.00%

Disability Rates

Male: N/A
Female: N/A

	<u>Mortality</u>	<u>Setback</u>
Male:	N/A	0
Female:	N/A	0

Name of Plan: Amanda Bent Bolt Company Hourly F
Plan Sponsor's EIN: 31-0928132
Plan Number: 002

Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions For the Year Ended December, 31, 2017

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date		(i) Net Gain / (Loss)
Short Term Investment	Fidelity Investments Money Market Fund	\$ 196,416	\$ 196,416	\$ -	\$ -	\$ 196,416	\$ 196,416	\$	-
Short Term Investment	BIF Money Fund	\$ 1,379,855	\$ 1,379,855	\$ -	\$ -	\$ 1,379,855	\$ 1,379,855	\$	-

(a) Represents a transaction or a series of transactions in securities of the same issue in excess of 5 percent of the plan market value as of December 31, 2017.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Amanda Bent Bolt Company	D Employer Identification Number (EIN) 31-0928132	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>		
2	Assets:		
	a Market value.....	2a	3,755,921
	b Actuarial value	2b	3,835,301
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	6	329,507
	b For terminated vested participants	25	464,251
	c For active participants	84	3,019,888
	d Total	115	3,813,646
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.77%
6	Target normal cost	6	166,183

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

SIGN HERE	 Signature of actuary	<u>10/04/2018</u> Date <u>1707643</u> Most recent enrollment number <u>248-539-5000</u> Telephone number (including area code)
	Andrew Behnke, MSPA, MAAA Type or print name of actuary Midwest Pension Actuaries, Inc. Firm name 30680 Twelve Mile Road Farmington Hills MI 48334-3808 Address of the firm	

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

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

Schedule SB (Form 5500) 2017

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>6.78%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		441,823
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.96%</u>		26,333
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		468,156
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	100.56%
15 Adjusted funding target attainment percentage	15	100.57%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.63%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/11/2017	123,361	0			
07/12/2017	123,361	0			
01/31/2018	123,361	0			
03/12/2018	123,361	0			
Totals ▶			18(b)	493,444	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	472,173

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	166,183
b Excess assets, if applicable, but not greater than line 31a		31b	21,655
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	144,528
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	144,528
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	472,173
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	327,645
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2017

Effective: 5.77%

Late Quarterly: 10.77%

<u>Effective Date</u>	<u>Amount</u>	<u>Effective Interest</u>	<u>Quarterly Interest</u>	<u>Discounted</u>
05/11/2017	\$123,361	-2,440	0	\$120,921
07/12/2017	\$123,361	-3,587	0	\$119,774
01/31/2018	\$123,361	-7,266	0	\$116,095
03/12/2018	\$123,361	-7,978	0	\$115,383
	\$493,444			\$472,173

Name of Plan: Amanda Bent Bolt Company Hourly F
Plan Sponsor's EIN: 31-0928132
Plan Number: 002
Plan Sponsor's Name: Amanda Bent Bolt Company

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Age (yrs) : 0
 Age (months) : 0
 Wait (months) : 0
 Two year eligibility : No

Service/Participation Requirements

Definition of years: Hours worked
 Continuing hours: 1,000
 Excluded classes: Other

Earnings

Total compensation excluding : 403(b)
 Cafeteria
 Other
 Prior to participation
 415 prior to participation

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
Age:	65	55	62	0	0
Service:	0	5	30	5	5
Participation:	0	0	0	0	0
Defined:	1st of month following	1st of month following	1st of month following	1st of month following	1st of month during

Benefit Reduction / Mortality table & setback

Male:	Early Retirement Reduction	Fully subsidized	N/A	0
Female:	Early Retirement Reduction	Fully subsidized	N/A	0

Rates - Male:	ER Amanda	50% - 62, 63, 64	N/A
Rates - Female:	ER Amanda	50% - 62, 63, 64	N/A

Use Social Security Retirement Age:	No	REACT Benefits Percentage:	50.00%
Vesting Schedule:	5 Year Cliff	Pre-retirement death benefit	
Vesting Definition:	Hours Worked	Percentage of accrued benefit:	50.00%
		Death Benefit Payment method:	PVAB

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Life only	0.00%	0
QJSA:	Joint and contingent	50.00%	0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Amanda Bent Bolt Company Hourly Rated Ees' Pension Plan
 Plan Sponsor's EIN: 31-0928132
 Plan Number: 002
 Plan Sponsor's Name: Amanda Bent Bolt Company

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula:	Benefit formula		
Type of Formula:	Unit benefit non-integrated		
Effective Date:	01/01/2010		
 Unit type:	 Dollar		
Unit based on:	Accrual		
Maximum total percent:			
Tiers based on:	None		
First tier:	\$36.00	for 1st	None
Second tier:	None	for next	None
Third tier:	None	for remaining yrs	
 Maximum credit:			
Past years:	99		
Future years:	99		
Total years:	99		

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	0	Annualize short plan years:	No
In the last:	0	Include compensations based	
Excluding:	0	on years of:	Accrual

Accrual

Frozen:	No					
Definition of years:	Pro rata				Fractions based on:	N/A
 Accrual credit:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision: 1
	1800	1800	1800	1800	1800	Limit current credit
						to: 1.000000
 Years based on:	Service	Cap/floor years:	0			
Maximum past accrual years:	0.0000	Cap or floor:	Floor			
Method:	Unit accrual	Accrual % per year:	0.00%			
		Apply 415 before accrual:	No			

Name of Plan:	Amanda Bent Bolt Company Hourly Rated Ees' Pension Plan
Plan Sponsor's EIN:	31-0928132
Plan Number:	002
Plan Sponsor's Name:	Amanda Bent Bolt Company

Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2017

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Description of Investment	Cost	Current Value	Value
Mutual Funds				
Fixed Income Funds				
*	Bond Allc TGT Shares Ser M	5,390 shares	\$ 52,587	\$ 52,067
*	Blackrock Allocation Target Shares Ser A	2,527 shares	25,801	25,725
*	Blackrock Total Return Instl	6,621 shares	76,977	77,465
*	Blackrock Strategic Income Opps Instl	15,617 shares	158,685	155,545
*	Blackrock Multi-Asset Income Instl	15,944 shares	178,371	176,664
*	Lord Abbett Floating Rate F	3,692 shares	33,936	33,854
*	Lord Abbett Short Duration Income F	18,413 shares	80,025	78,256
*	Lord Abbett Inflatons Focused F	5,678 shares	69,198	67,683
*	Pimco Income P	6,299 shares	77,043	78,166
*	Principal Global Div Inc Instl	1,424 shares	19,592	20,140
Total Fixed Income Funds			\$ 772,215	\$ 765,565
Equity Funds				
*	American Funds American Balanced F2	908 shares	\$ 21,863	\$ 24,622
*	Blackrock Global Dividend Instl	3,747 shares	45,891	50,254
*	Deutsche Enhanced Commodity Stgy	1,787 shares	20,944	21,285
*	First Eagle Global I	349 shares	20,611	20,716
*	iShares MSCI All Country World	489 shares	39,452	41,232
*	iShares MSCI Emerging Market	260 shares	13,240	15,798
*	iShares S&P 500 Value	280 shares	28,961	31,987
*	iShares Core S&P Mid-Cap	711 shares	107,433	134,934
*	iShares Russell 2000	71 shares	8,507	10,825
*	iShares US Home Construction	287 shares	8,279	12,548
*	iShares MSCI USA Minimum Volatility	4,805 shares	205,285	253,608
*	iShares Core MSCI EAFE	1,984 shares	116,145	131,123
*	iShares Core MSCI Emerging Market	996 shares	49,617	56,672
*	American Funds New World F2	159 shares	8,516	10,634
*	Oppenheimer Global Opportunities	252 shares	11,282	17,464

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Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2017

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Equity Funds - continued				
*	SPDR S&P Insurance ETF (Mkt)	126 shares	\$ 3,072	\$ 3,868
*	SPDR S&P Bank ETF (Mkt)	229 shares	10,082	10,841
*	Select Sector Spdr Tr Materials			
	Select Sector Spdr	37 shares	1,825	2,240
*	Select Sector Spdr Tr Health Care			
	Select Sector Spdr	302 shares	21,626	24,969
*	Select Sector Spdr Tr Consumer Staples			
	Select Sector Spdr	163 shares	8,080	9,273
*	Select Sector Spdr Tr Consumer Discret			
	Select Sector Spdr	132 shares	10,196	13,027
*	Select Sector Spdr Tr Energy Select			
	Sector Spdr	47 shares	3,539	3,396
*	Select Sector Spdr Tr Industrial			
	Select Sector Spdr	204 shares	11,588	15,437
*	Select Sector Spdr Tr The Real Estate			
	Select Sector Spdr	185 shares	5,767	6,094
*	Select Sector Spdr Tr Utilities Select			
	Sector Spdr	75 shares	3,357	3,951
*	American Funds Smallcap World	258 shares	12,810	14,594
*	Templeton Emerging Markets Small Cap	690 shares	8,600	10,530
*	Vanguard Dividend Apprec IDX ETF	108 shares	9,204	11,019
*	Vanguard Financials ETF (Mkt)	331 shares	18,006	23,183
*	Vanguard Information Technology ETF	122 shares	13,763	20,097
*	Vanguard Telecommunications Services	32 shares	2,840	2,917
*	American Funds Washington Mutual	227 shares	9,860	10,338
Total Equity Funds			\$ 860,241	\$ 1,019,476
Total Mutual Funds			\$ 1,632,456	\$ 1,785,041



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2017

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Stock				
Common Stock				
*	Abbvie Inc.	46 shares	\$ 3,130	\$ 4,449
*	Activision Blizzard Inc.	84 shares	2,771	5,319
*	Adobe Systems Inc.	60 shares	7,054	10,514
*	Aetna Inc.	67 shares	7,408	12,086
*	Allexion Pharmaceuticals Inc.	41 shares	5,223	4,903
*	Alphabet Inc Capital Stock Class C	39 shares	29,523	40,810
*	Alphabet Inc Capital Stock Class A	8 shares	5,373	8,427
*	Altria Group Inc.	279 shares	15,695	19,923
*	American International Group Inc.	91 shares	5,513	5,422
*	American Tower Corp.	44 shares	4,584	6,278
*	American Water Works Co. Inc.	37 shares	2,251	3,385
*	Amphenol Corp.	74 shares	4,844	6,497
*	Anthem Inc.	24 shares	3,991	5,400
*	Apple Inc.	382 shares	38,719	64,646
*	Automatic Data Processing Inc.	55 shares	4,820	6,445
*	Baxter International Inc.	72 shares	3,962	4,654
*	Biogen Inc.	22 shares	6,730	7,009
*	Blackrock Inc.	11 shares	3,756	5,651
*	H&R Block Inc.	131 shares	4,036	3,435
*	Brighthouse Finl Inc.	6 shares	353	352
*	CDW Corp.	175 shares	10,038	12,161
*	CVS Health Corp.	119 shares	10,919	8,628
*	Cabot Oil & Gas Corp.	289 shares	6,996	8,265
*	Centene Corp.	43 shares	3,298	4,338
*	Chevron Corp.	110 shares	12,427	13,771
*	Cisco Systems Inc.	351 shares	8,917	13,443
*	Citigroup Inc.	333 shares	17,051	24,779
*	Citizens Finl Group Inc.	222 shares	5,743	9,320

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Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2017

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	Coca-Cola Co.	108 shares	\$ 4,445	\$ 4,955
*	Cognizant Technology Solutions Corp.	210 shares	12,090	14,914
*	Colgate-Palmolive Co.	125 shares	9,105	9,431
*	Comcast Corp.	503 shares	14,725	20,145
*	Cooper Cos Inc.	46 shares	10,224	10,023
*	Costco Wholesale Corp.	29 shares	4,372	5,398
*	Dr Horton Inc.	134 shares	4,278	6,843
*	Danaher Corp.	56 shares	4,148	5,198
*	Dell Technologies Inc.	48 shares	2,805	3,901
*	Delta Air Lines Inc.	108 shares	5,264	6,048
*	Walt Disney Company	57 shares	6,094	6,128
*	Dollar General Corp.	15 shares	1,082	1,395
*	Dowdupont Inc.	176 shares	10,078	12,535
*	Dr Pepper Snapple Group Inc.	28 shares	2,595	2,718
*	E*Trade Financial Corp.	76 shares	3,365	3,767
*	Ecolab Inc.	104 shares	12,604	13,955
*	Edwards Lifesciences Corp.	33 shares	3,812	3,719
*	Exelon Corp.	32 shares	1,043	1,261
*	Fedex Corp	22 shares	3,636	5,490
*	Firstenergy Corp.	233 shares	7,176	7,134
*	Fortive Corp.	48 shares	3,168	3,473
*	General Electric Inc.	284 shares	6,412	4,956
*	Genuine Parts Co.	62 shares	5,600	5,891
*	Gilead Sciences Inc.	257 shares	21,178	18,411
*	Goldman Sachs Group Inc.	35 shares	6,106	8,917
*	Goodyear Tire & Rubber Co.	131 shares	3,968	4,233
*	Halliburton Co.	44 shares	1,952	2,150
*	Hartford Financial Services Group Inc.	66 shares	3,583	3,715
*	Hershey Co.	69 shares	7,296	7,832

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Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2017

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	Hess Corp.	59 shares	\$ 2,653	\$ 2,801
*	Home Depot Inc.	213 shares	26,079	40,370
*	Honeywell International Inc.	68 shares	7,455	10,428
*	Humana Inc.	43 shares	8,971	10,667
*	Intercontinental Exchange Inc.	235 shares	12,932	16,582
*	International Flavors & Fragrances Inc.	44 shares	5,982	6,715
*	International Paper Co.	99 shares	4,608	5,736
*	Interpublic Group of Cos Inc.	94 shares	1,986	1,895
*	JPMorgan Chase & Co.	250 shares	14,451	26,735
*	Johnson & Johnson	162 shares	18,277	22,635
*	Kellogg Co.	34 shares	2,072	2,311
*	Keycorp	96 shares	1,357	1,936
*	Kroger Co.	98 shares	3,062	2,690
*	Laboratory Corp of America Holdings	24 shares	2,871	3,828
*	Lennar Corp	59 shares	2,958	3,731
*	Lockheed Martin Corp.	30 shares	6,643	9,632
*	Lowes Cos Inc.	95 shares	6,888	8,829
*	M&T Bank Corp.	20 shares	2,384	3,420
*	Marathon Pete Corp.	35 shares	1,775	2,309
*	Marsh & McLennan Cos Inc.	224 shares	17,029	18,231
*	Masco Corp.	220 shares	7,463	9,667
*	Mastercard Inc.	147 shares	14,357	22,250
*	Mattel Inc.	71 shares	1,349	1,092
*	McKesson Corp.	16 shares	2,681	2,495
*	Merck & Co. Inc.	89 shares	5,518	5,008
*	Metlife Inc.	82 shares	3,816	4,146
*	Microsoft Corp.	846 shares	46,989	72,367
*	Mondelez Intl Inc. Class A	103 shares	4,584	4,408
*	Morgan Stanley	128 shares	4,808	6,716

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Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2017

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	Motorola Inc.	22 shares	\$ 1,505	\$ 1,987
*	Nextera Energy Inc.	44 shares	4,881	6,872
*	Norfolk Southern Corp.	48 shares	5,414	6,955
*	Northrop Grumman Corp.	13 shares	2,451	3,990
*	O Reilly Automotive Inc.	41 shares	10,388	9,862
*	Oracle Corp.	327 shares	14,748	15,461
*	PG&E Corp.	158 shares	9,346	7,083
*	Packaging Corp of America	32 shares	2,240	3,858
*	Paypal Holdings Inc.	126 shares	7,032	9,276
*	Pepsico Inc.	182 shares	18,625	21,825
*	Pfizer Inc.	606 shares	19,200	21,949
*	Philip Morris International Inc.	75 shares	6,595	7,924
*	Praxair Inc.	9 shares	1,093	1,392
*	Procter & Gamble Co.	78 shares	6,701	7,167
*	Prologis inc.	48 shares	2,915	3,096
*	Prudential Financial Inc.	12 shares	1,101	1,380
*	Public Service Enterprise Group Inc.	132 shares	5,565	6,798
*	Qualcomm Inc.	49 shares	2,817	3,137
*	Quest Diagnostics Inc.	23 shares	1,844	2,265
*	Raytheon Co.	99 shares	12,371	18,597
*	Regions Financial Corp.	282 shares	4,220	4,873
*	Robert Half International Inc.	34 shares	1,249	1,888
*	Ross Stores Inc.	189 shares	12,471	15,167
*	Charles Schwab Corp.	299 shares	13,366	15,360
*	Southwest Airlines Co.	46 shares	1,635	3,011
*	Stanley Black & Decker Inc.	41 shares	6,965	6,957
*	Starbucks Corp.	177 shares	9,333	10,165
*	Suntrust Banks Inc.	199 shares	8,931	12,853
*	Telus Corp.	166 shares	5,376	6,286

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Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2017

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	Texas Instruments Inc.	55 shares	\$ 3,953	\$ 5,744
*	Thermo Fisher Scientific Inc.	116 shares	16,442	22,026
*	3M Co.	26 shares	4,176	6,120
*	Time Warner Inc.	175 shares	15,051	16,007
*	Tractor Supply Co.	78 shares	5,482	5,831
*	Travelers Cos Inc.	15 shares	1,640	2,035
*	US Bancorp	257 shares	11,286	13,770
*	Union Pacific Corp.	56 shares	4,985	7,510
*	United Parcel Service	34 shares	3,650	4,051
*	United Technologies Corp.	100 shares	11,009	12,757
*	Unitedhealth Group Inc.	45 shares	3,770	9,921
*	Urban Outfitters Inc.	129 shares	2,919	4,523
*	Valero Energy Corp	24 shares	1,425	2,206
*	Verizon Communications Inc.	202 shares	9,835	10,692
*	Vertex Pharmaceuticals Inc.	36 shares	3,322	5,395
*	Visa Inc. Class A	45 shares	3,478	5,131
*	Walmart Inc.	179 shares	15,827	17,676
*	Wells Fargo & Co.	210 shares	10,036	12,741
*	Marriot International Inc.			
	Class A New (Contra)	17,391 shares	-	5
Total Common Stock			\$ 987,991	\$ 1,256,051



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2017

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Foreign Stock				
*	Amcort LTD	92 shares	\$ 4,488	\$ 4,438
*	Anheuser Busch Inbev NV	21 shares	2,512	2,343
*	Ansell LTD	31 shares	1,855	2,357
*	Anta Sports Prods LTD	21 shares	1,543	2,381
*	Astrazeneca PLC	284 shares	8,979	9,855
*	BP PLC	71 shares	2,781	2,984
*	British American Tobacco PLC	139 shares	7,894	9,312
*	CRH PLC	58 shares	2,033	2,093
*	Carnival Corp.	72 shares	2,917	4,779
*	DBS Group Holdings LTD	47 shares	2,392	3,496
*	Deutsche Post AG	127 shares	4,033	6,062
*	Diageo PLC	48 shares	5,364	7,009
*	Givaudan	82 shares	3,075	3,790
*	GlaxoSmithKline PLC	101 shares	4,383	3,582
*	Heineken NV	60 shares	2,353	3,132
*	Imperial Brands PLC	185 shares	8,834	7,923
*	Koninklijke Philips	121 shares	3,977	4,574
*	Lloyds Banking Group PLC	543 shares	2,534	2,036
*	Nestle	64 shares	4,794	5,504
*	Novartis	75 shares	6,794	6,297
*	Novo Nordisk A/S	169 shares	8,308	9,070
*	Roche Holding AG	107 shares	3,686	3,383
*	Rogers Communications Inc. Class B	115 shares	4,215	5,857
*	Royal Bank CDA Preferred	3,000 shares	30,000	47,421
*	Royal Bank CDA Preferred	3,000 shares	30,000	35,031
*	Royal Dutch Shell PLC	109 shares	6,168	7,271
*	Sands China LTD	49 shares	1,980	2,529
*	Sanofi	156 shares	7,414	6,708
*	SGS	90 shares	1,844	2,347

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Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2017

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Foreign Stock - continued			
*	Sonic Healthcare LTD	169 shares	\$ 2,464	\$ 3,022
*	Suncor Energy Inc.	296 shares	9,194	10,869
*	Svenska Handelsbanken	427 shares	2,936	2,926
*	Taiwan Semiconductor Mfg Co LTD	185 shares	5,132	7,335
*	Total	167 shares	7,977	9,232
*	Unilever NV New York	109 shares	4,877	6,139
*	Allergan PLC	38 shares	8,715	6,216
*	Accenture PLC	83 shares	11,549	12,706
*	Invesco LTD	35 shares	1,068	1,279
*	Medtronic PLC	229 shares	18,822	18,492
*	Nielsen Holdings PLC	48 shares	1,919	1,747
*	Chubb Limited Com	41 shares	4,842	5,991
*	Japan Tobacco Inc.	149 shares	5,369	4,772
*	Kone OYJ	86 shares	3,901	4,648
*	Broadcom LTD	64 shares	13,633	16,442
*	Flex LTD	195 shares	2,468	3,508
	Total Foreign Stock		\$ 282,016	\$ 328,888
	Preferred Stock			
*	Bank America Corp Mkt LKD PFD	5,000 shares	\$ 50,000	\$ 55,250
	Total Preferred Stock		\$ 50,000	\$ 55,250
	Total Corporate Stock		\$ 1,320,007	\$ 1,640,189



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2017

EIN: 31-0928132
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Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
U.S. Government Securities				
U.S. Government Obligations				
*	U.S. Treasury Note			
	DTD 11/15/14; 2.25%; 11/15/24	10,000 units	\$ 10,089	\$ 9,948
*	U.S. Treasury Note			
	DTD 8/15/15; 2%; 8/15/2025	20,000 units	19,749	19,498
*	U.S. Treasury Note			
	DTD 5/15/16; 1.625%; 5/15/2026	18,000 units	17,732	16,954
*	U.S. Treasury Note			
	DTD 10/31/16; 1.25%; 10/31/2021	13,000 units	12,977	12,594
*	U.S. Treasury Note			
	DTD 4/30/13; 1.125%; 4/30/2020	13,000 units	13,020	12,768
*	U.S. Treasury Note			
	DTD 5/31/13; 1%; 5/31/2018	11,000 units	11,002	10,978
*	U.S. Treasury Note			
	DTD 10/31/13; 1.25%; 10/31/2018	19,000 units	19,075	18,924
*	U.S. Treasury Note			
	DTD 4/30/17; 1.875%; 4/30/2022	7,000 units	7,010	6,916
*	U.S. Treasury Note			
	DTD 5/15/17; 2.375%; 5/15/2027	21,000 units	21,014	20,940
*	U.S. Treasury Note			
	DTD 5/31/17; 1.75%; 5/31/2022	18,000 units	18,021	17,687
Total U.S. Government Obligations			\$ 149,689	\$ 147,207
Mortgaged Backed Securities				
*	Federal Home Loan Mortgage Corp			
	Pool #G0-5645			
	DTD 9/1/09; 4.5%; 10/1/2039	10,707 units	\$ 11,595	\$ 11,422



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2017

EIN: 31-0928132
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(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Mortgaged Backed Securities - continued			
*	Federal Home Loan Mortgage Corp Pool #G07925 DTD 1/1/15; 4%; 2/1/2045	4,143 units	\$ 4,482	\$ 4,394
*	Federal Home Loan Mortgage Corp Pool #G0-8623 DTD 1/1/15; 3.5%; 1/1/2045	15,692 units	16,324	16,139
*	Federal Home Loan Mortgage Corp DTD 10/1/16; 3.5%; 11/1/2046	1,840 units	1,904	1,892
*	Federal Home Loan Mortgage Corp Pool #G0-8737 DTD 11/1/16; 3%; 11/1/2046	17,883 units	17,804	17,901
*	Federal Home Loan Mortgage Corp Pool #G1-8642 DTD 3/1/17; 3.5%; 4/1/2032	907 units	952	938
*	Federal Home Loan Mortgage Corp Pool #G6-0184 DTD 8/1/15; 4%; 2/1/2044	2,800 units	2,982	2,956
*	Federal Home Loan Mortgage Corp Pool #G6-0713 DTD 9/1/16; 3.5%; 9/1/2046	12,661 units	13,459	13,056
*	FNMA Pass-Thru Lng 15 Yr Pool Pool #AH3431 DTD 1/1/11; 3.5%; 1/1/2026	1,921 units	2,054	1,984
*	FNMA Pass-Thru Lng 30 Yr Pool Pool #BC4714 DTD 10/1/16; 3%; 10/1/2046	13,948 units	14,455	13,972
*	FNMA DTD 1/1/17; 3.5%; 2/1/2047	5,568 units	5,716	5,719

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(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Mortgaged Backed Securities - continued				
*	Federal National Mortgage Assn Pool #AE0949 DTD 2/1/11; 4%; 2/1/2041	9,221 units	9,930	9,692
Total Mortgage Backed Securities			\$ 101,657	\$ 100,065
Total U.S. Government Securities			\$ 251,346	\$ 247,272
Corporate Bonds				
Municipal Obligations				
*	Toyota Motor Credit Corp DTD 1/10/13; 1.375%; 1/10/2018	7,000 units	\$ 7,032	\$ 7,000
Corporate Bonds				
*	American Express Credit Corp DTD 3/3/17; 2.2%; 3/3/2020	5,000 units	\$ 4,990	\$ 4,985
*	Anhueser-Busch Inbev Fin Inc DTD 1/25/16; 2.65%; 2/1/2021	5,000 units	5,026	5,025
*	Anhueser-Busch Inbev Fin Inc DTD 1/25/16; 3.65%; 2/1/2026	5,000 units	5,176	5,160
*	Apple Inc. DTD 5/3/13; 1%; 5/3/2018	5,000 units	4,975	4,988
*	Berkshire Hathaway Inc DTD 3/15/16; 2.2%; 3/15/2021	5,000 units	5,131	4,984
*	CVS Health Corp. DTD 7/20/15; 3.5%; 7/20/2022	5,000 units	5,030	5,093
*	Citigroup Inc. DTD 12/8/16; 2.9%; 12/8/2021	5,000 units	4,998	5,033
*	Citigroup Inc. DTD 7/24/17; 3.668%; 7/24/2028	4,000 units	4,025	4,058
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Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2017

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds - continued				
*	Comcast Corp. DTD 2/26/14; 3.6%; 3/1/2024	6,000 units	\$ 6,345	\$ 6,255
*	Comcast Corp. DTD 2/23/16; 2.75%; 3/1/2023	4,000 units	4,165	4,019
*	Enterprise Prods Oper LLC DTD 10/14/14; 3.75%; 2/15/2025	5,000 units	5,071	5,156
*	Goldman Sachs Group Inc. DTD 4/1/08; 6.15%; 4/1/2018	4,000 units	4,479	4,042
*	Goldman Sachs Group Inc. DTD 7/27/11; 5.25%; 7/27/2021	7,000 units	7,913	7,587
*	JPMorgan Chase & Co. DTD 10/21/10; 4.25%; 10/15/2020	6,000 units	6,508	6,291
*	JPMorgan Chase & Co. DTD 4/25/17; 3.54%; 5/1/2028	4,000 units	4,039	4,069
*	Kinder Morgan Energy Partners LP DTD 3/14/12; 3.95%; 9/1/2022	5,000 units	5,042	5,160
*	Medtronic Inc. DTD 3/15/15; 1.5%; 3/15/2018	5,000 units	5,002	4,996
*	Metlife Inc. DTD 4/10/14; 3.6%; 4/10/2024	5,000 units	5,202	5,231
*	Microsoft Corp. DTD 2/6/17; 2.4%; 2/6/2022	6,000 units	5,998	6,002
*	Morgan Stanley DTD 11/17/16; 2.625%; 11/17/2021	10,000 units	9,935	9,954
*	Northrop Grumman Corp. DTD 10/13/17; 2.55%; 10/15/2022	5,000 units	5,007	4,964
*	Oracle Corp. DTD 7/8/14; 2.8%; 7/8/2021	7,000 units	7,181	7,103



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2017

EIN: 31-0928132
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(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	Reynolds American Inc. DTD 6/12/15; 2.3%; 6/12/2018	5,000 units	\$ 5,043	\$ 5,006
*	Toronto Dominion Bank DTD 7/23/15; 1.75%; 7/23/2018	5,000 units	4,998	4,996
*	United Health Group Inc. DTD 7/23/15; 3.35%; 7/15/2022	6,000 units	6,103	6,196
*	Verizon Communications Inc. DTD 3/28/11; 4.6%; 4/1/2021	6,000 units	6,565	6,383
*	Walmart Inc. DTD 10/20/17; 1.9%; 12/15/2020	6,000 units	5,998	5,961
*	Wells Fargo & Company DTD 6/3/14; 4.1%; 6/3/2026	4,000 units	4,175	4,195
*	Wells Fargo & Company DTD 9/9/14; 3.3%; 9/9/2024	8,000 units	8,074	8,124
Total Corporate Bonds			\$ 162,194	\$ 161,016
Total Corporate Bonds			\$ 169,226	\$ 168,016
Foreign Bonds, Notes & Debentures				
*	BNP Paribas Mid-Term Note DTD 3/4/13; 3.25%; 3/3/2023	6,000 units	\$ 6,078	\$ 6,132
*	KFW DTD 3/7/17; 1.75%; 3/31/20	7,000 units	7,011	6,950
*	United Mexican States Sr Term Note DTD 1/6/12; 3.625%; 3/15/2022	6,000 units	6,128	6,234
Total Foreign Bonds, Notes & Debentures			\$ 19,217	\$ 19,316
Total Investments			\$ 3,392,252	\$ 3,859,834

* Represents a party in interest

See Independent Auditor's Report

