

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                   |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         </div> </div>            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <div style="margin-left: 100px;"><input type="checkbox"/> a DFE (specify) _____</div>                                                                                                                                                                                                                                  |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div> |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div>            |

|                |                                                                                                                                                                                                                                                                                                                                                                                            |           |                                                           |           |                                                        |           |                                                   |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|-----------|--------------------------------------------------------|-----------|---------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                             |           |                                                           |           |                                                        |           |                                                   |
| <b>1a</b>      | Name of plan<br><u>CLEVELAND DIE &amp; MFG. CO. PROFIT SHARING PLAN</u>                                                                                                                                                                                                                                                                                                                    |           |                                                           |           |                                                        |           |                                                   |
|                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1b</b></td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td><b>1c</b></td> <td>Effective date of plan<br/><u>01/01/1991</u></td> </tr> </table>                                                                                                                       | <b>1b</b> | Three-digit plan number (PN) ▶ <u>001</u>                 | <b>1c</b> | Effective date of plan<br><u>01/01/1991</u>            |           |                                                   |
| <b>1b</b>      | Three-digit plan number (PN) ▶ <u>001</u>                                                                                                                                                                                                                                                                                                                                                  |           |                                                           |           |                                                        |           |                                                   |
| <b>1c</b>      | Effective date of plan<br><u>01/01/1991</u>                                                                                                                                                                                                                                                                                                                                                |           |                                                           |           |                                                        |           |                                                   |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>CLEVELAND DIE &amp; MANUFACTURING CO.</u><br><br><u>20303 FIRST AVENUE</u><br><u>MIDDLEBURG HEIGHTS, OH 44130</u>                |           |                                                           |           |                                                        |           |                                                   |
|                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>2b</b></td> <td>Employer Identification Number (EIN)<br/><u>34-1118981</u></td> </tr> <tr> <td><b>2c</b></td> <td>Plan Sponsor's telephone number<br/><u>440-243-3404</u></td> </tr> <tr> <td><b>2d</b></td> <td>Business code (see instructions)<br/><u>331200</u></td> </tr> </table> | <b>2b</b> | Employer Identification Number (EIN)<br><u>34-1118981</u> | <b>2c</b> | Plan Sponsor's telephone number<br><u>440-243-3404</u> | <b>2d</b> | Business code (see instructions)<br><u>331200</u> |
| <b>2b</b>      | Employer Identification Number (EIN)<br><u>34-1118981</u>                                                                                                                                                                                                                                                                                                                                  |           |                                                           |           |                                                        |           |                                                   |
| <b>2c</b>      | Plan Sponsor's telephone number<br><u>440-243-3404</u>                                                                                                                                                                                                                                                                                                                                     |           |                                                           |           |                                                        |           |                                                   |
| <b>2d</b>      | Business code (see instructions)<br><u>331200</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2018 | SANDI NAJDA-BECK                                             |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                                                                                                                        |                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 208                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                       |                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                | <b>6a(1)</b> 167                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b> 168                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                    | <b>6b</b> 0                                                                                                                                                      |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b> 25                                                                                                                                                     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            | <b>6d</b> 193                                                                                                                                                    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             | <b>6e</b> 1                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ....                                                                                                                                                                                                                               | <b>6f</b> 194                                                                                                                                                    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                        | <b>6g</b> 94                                                                                                                                                     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                             | <b>6h</b> 1                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                    | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3D                                                                                                   |                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                            |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **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 \_\_\_\_\_

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                    |                                                             |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017         |                                                             |
| <b>A</b> Name of plan<br>CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN                              | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CLEVELAND DIE & MANUFACTURING CO. | <b>D</b> Employer Identification Number (EIN)<br>34-1118981 |

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

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                                |
|--------------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>AMERICAN UNITED LIFE INSURANCE COMPANY |
|--------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 35-0145825 | 60895         | G98015                                | 94                                                                          | 01/01/2017              | 12/31/2017 |

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

|                                                     |                                           |
|-----------------------------------------------------|-------------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br>7551 | <b>(b)</b> Total amount of fees paid<br>0 |
|-----------------------------------------------------|-------------------------------------------|

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>PLANMEMBER SECURITIES CORP<br>6187 CARPINTERIA AVE<br>CARPINTERIA, CA 93013 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 7551                                          | 0                               | N/A         | 3                     |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 278503  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 2604961 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

|                                                        |           |        |
|--------------------------------------------------------|-----------|--------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 275721 |
|--------------------------------------------------------|-----------|--------|

|                                                                       |                                             |              |  |       |
|-----------------------------------------------------------------------|---------------------------------------------|--------------|--|-------|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b>                                | 19821        |  |       |
|                                                                       | (2) Dividends and credits .....             | <b>7c(2)</b> |  | 0     |
|                                                                       | (3) Interest credited during the year ..... | <b>7c(3)</b> |  | 11176 |
|                                                                       | (4) Transferred from separate account ..... | <b>7c(4)</b> |  | 1138  |
|                                                                       | (5) Other (specify below) .....             | <b>7c(5)</b> |  | 3118  |

▶ **LOAN REPAYMENT**

|                           |              |       |
|---------------------------|--------------|-------|
| (6) Total additions ..... | <b>7c(6)</b> | 35253 |
|---------------------------|--------------|-------|

|                                                                                       |           |        |
|---------------------------------------------------------------------------------------|-----------|--------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 310974 |
|---------------------------------------------------------------------------------------|-----------|--------|

**e** Deductions:

|                                                                                 |                                                 |              |  |      |
|---------------------------------------------------------------------------------|-------------------------------------------------|--------------|--|------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>                                    | 28822        |  |      |
|                                                                                 | (2) Administration charge made by carrier ..... | <b>7e(2)</b> |  | 13   |
|                                                                                 | (3) Transferred to separate account .....       | <b>7e(3)</b> |  | 1164 |
|                                                                                 | (4) Other (specify below) .....                 | <b>7e(4)</b> |  | 2472 |

▶ **LOANS ISSUED**

|                            |              |       |
|----------------------------|--------------|-------|
| (5) Total deductions ..... | <b>7e(5)</b> | 32471 |
|----------------------------|--------------|-------|

|                                                                                                         |           |        |
|---------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 278503 |
|---------------------------------------------------------------------------------------------------------|-----------|--------|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |   |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN                              | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                             |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CLEVELAND DIE & MANUFACTURING CO. | D Employer Identification Number (EIN)<br>34-1118981 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| AMERICAN UNITED LIFE INSURANCE CO                                                                          |
| 35-0145825                                                                                                 |

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

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

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

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

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

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

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

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

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

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

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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)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

| <b>(b)</b><br>Service Code(s)    | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 37 50 52 59<br>60 63 66 67<br>38 | NONE                                                                                                     | 654                                                                           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 27519                                                                                                                                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

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

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| AMERICAN UNITED LIFE INSURANCE CO                                   | 66 67                                                                                                                                                              | 27519                                     |
| (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. |                                           |
| AMERICAN UNITED LIFE INSURANCE CO<br><br>35-0145825                 | ASSET CHARGE                                                                                                                                                       |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| ALLIANCEBERNSTEIN INVESTMENTS<br><br>13-4064930                     | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| AMERICAN CENTURY INVESTMENTS<br><br>20-2036524                      | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| AMERICAN FUNDS<br><br>95-1411037                                    | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| CALVERT INVESTMENTS<br><br>52-6228948                               | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| COLUMBIA MGMT INVESTMENT ADVISORS<br><br>13-3180631                 | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| FIDELITY INVESTMENTS<br><br>04-2270522                              | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| FRED ALGER & COMPANY INC<br><br>13-2510833                          | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| GOLDMAN SACHS ASSET MANAGEMENT<br><br>13-4166989                    | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |

**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<br>(see instructions)                                                                                                                                                                          | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| AMERICAN UNITED LIFE INSURANCE CO                                                                                    | 52 59 60 63                                                                                                                                                                                                      | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>INVESCO<br><br>74-1881364                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>REVENUE SHARING FORMULA - SEE ATTACHED |                                           |
| (a) Enter service provider name as it appears on line 2                                                              | (b) Service Codes<br>(see instructions)                                                                                                                                                                          | (c) Enter amount of indirect compensation |
| AMERICAN UNITED LIFE INSURANCE CO                                                                                    | 52 59 60 63                                                                                                                                                                                                      | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>IVY FUNDS<br><br>03-0481447               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>REVENUE SHARING FORMULA - SEE ATTACHED |                                           |
| (a) Enter service provider name as it appears on line 2                                                              | (b) Service Codes<br>(see instructions)                                                                                                                                                                          | (c) Enter amount of indirect compensation |
| AMERICAN UNITED LIFE INSURANCE CO                                                                                    | 52 59 60 63                                                                                                                                                                                                      | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>JANUS CAPITAL GROUP INC<br><br>75-3019319 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>REVENUE SHARING FORMULA - SEE ATTACHED |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| LORD ABBETT FUNDS<br><br>13-5620131                                 | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| MFS INVESTMENT MANAGEMENT<br><br>04-3169826                         | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| NEUBERGER BERMAN<br><br>13-5521910                                  | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| AMERICAN UNITED LIFE INSURANCE CO                                                                                                                                                                                   | 52 59 60 63                             | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br>OPPENHEIMER FUNDS INC.<br><br>13-2527171                                                                                              |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>REVENUE SHARING FORMULA - SEE ATTACHED |                                         |                                           |
| AMERICAN UNITED LIFE INSURANCE CO                                                                                                                                                                                   | 52 59 60 63                             | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br>PARNASSUS<br><br>94-2943858                                                                                                           |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>REVENUE SHARING FORMULA - SEE ATTACHED |                                         |                                           |
| AMERICAN UNITED LIFE INSURANCE CO                                                                                                                                                                                   | 52 59 60 63                             | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br>PIMCO<br><br>06-1349805                                                                                                               |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>REVENUE SHARING FORMULA - SEE ATTACHED |                                         |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| PIONEER INVESTMENTS<br><br>13-1961193                               | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| STATE STREET GLOBAL ADVISORS<br><br>04-1867445                      | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| T ROWE PRICE<br><br>52-1184650                                      | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| THORNBURG INVESTMENT MANAGEMENT<br><br>85-0301299                   | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| AMERICAN UNITED LIFE INSURANCE CO                                   | 52 59 60 63                                                                                                                                                        | 0                                         |
| (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. |                                           |
| TOUCHSTONE<br><br>31-1394672                                        | REVENUE SHARING FORMULA - SEE ATTACHED                                                                                                                             |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



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

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

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

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                               |                                                                    |            |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>      |                                                                    |            |
| <b>A</b> Name of plan<br><u>CLEVELAND DIE &amp; MFG. CO. PROFIT SHARING PLAN</u>                              | <b>B</b> Three-digit plan number (PN) ►                            | <u>001</u> |
|                                                                                                               |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CLEVELAND DIE &amp; MANUFACTURING CO.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1118981</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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                       |                 |
| (1) Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 948                   | 2209            |
| (2) Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    | 7038                  | 14079           |
| (3) Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 0                     | 0               |
| (2) U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    | 0                     | 0               |
| (3) Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> | 0                     | 0               |
| (B) All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> | 0                     | 0               |
| (4) Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> | 0                     | 0               |
| (B) Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> | 0                     | 0               |
| (5) Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | 0                     | 0               |
| (6) Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    | 0                     | 0               |
| (7) Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    | 0                     | 0               |
| (8) Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    | 156349                | 92502           |
| (9) Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 0                     | 0               |
| (10) Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   | 0                     | 0               |
| (11) Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   | 0                     | 0               |
| (12) Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| (13) Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 2538702               | 2604963         |
| (14) Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 275721                | 278503          |
| (15) Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 2978758               | 2992256         |

**Liabilities**

|                                                                           |           |      |      |
|---------------------------------------------------------------------------|-----------|------|------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0    | 0    |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 1169 | 2920 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0    | 0    |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0    | 0    |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 1169 | 2920 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 2977589 | 2989336 |
|-----------------------------------------------------------|-----------|---------|---------|

**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**

|                                                                                                            |                 |        |       |
|------------------------------------------------------------------------------------------------------------|-----------------|--------|-------|
| <b>a Contributions:</b>                                                                                    |                 |        |       |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 27673  |       |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 190114 |       |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0      |       |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0      |       |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |        |       |
| <b>b Earnings on investments:</b>                                                                          |                 |        |       |
| (1) Interest:                                                                                              |                 |        |       |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 0      |       |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0      |       |
| <b>(C)</b> Corporate debt instruments.....                                                                 | <b>2b(1)(C)</b> | 0      |       |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0      |       |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 5151   |       |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 11176  |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |        | 16327 |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0      |       |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0      |       |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 0      |       |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |        | 0     |
| (3) Rents.....                                                                                             | <b>2b(3)</b>    |        | 0     |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0      |       |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0      |       |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |        |       |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....                          | <b>2b(5)(A)</b> | 0      |       |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0      |       |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |        | 0     |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 402716    |
| c Other income .....                                                                           | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 636830    |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 621809 |        |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) | 0      |        |
| (3) Other .....                                                                     | 2e(3) | 0      |        |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |        | 621809 |
| f Corrective distributions (see instructions) .....                                 | 2f    |        | 2920   |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |        | 0      |
| h Interest expense.....                                                             | 2h    |        | 0      |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) | 0      |        |
| (2) Contract administrator fees .....                                               | 2i(2) | 354    |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 0      |        |
| (4) Other .....                                                                     | 2i(4) | 0      |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 354    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 625083 |

**Net Income and Reconciliation**

|                                                          |       |  |       |
|----------------------------------------------------------|-------|--|-------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 11747 |
| l Transfers of assets:                                   |       |  |       |
| (1) To this plan.....                                    | 2l(1) |  | 0     |
| (2) From this plan .....                                 | 2l(2) |  | 0     |

**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: **BSB PARTNERS CPAS & BUSINESS ADVISO**

(2) EIN: **26-2890963**

**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   |    | 46155  |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 340000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |        |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |        |

**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 \_\_\_\_\_. (See instructions.)

|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                      | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CLEVELAND DIE & MANUFACTURING CO.                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>34-1118981                                            |
| 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):<br><br>EIN(s): 35-0145825                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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                                                                                               |
| 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2017 AND 2016 AND THE YEAR ENDED**

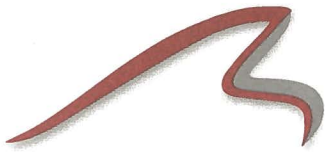
**DECEMBER 31, 2017**

CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN

DECEMBER 31, 2017 AND 2016 AND THE YEAR ENDED DECEMBER 31, 2017

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# BSB PARTNERS

CPAs & BUSINESS ADVISORS

## INDEPENDENT AUDITORS' REPORT

TO THE PLAN ADMINISTRATOR  
CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Cleveland Die & Mfg. Co. Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Plan 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**

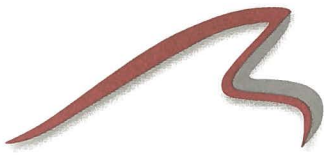
Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate 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 Notes 3 and 4, which was certified by American United Life Insurance Company, the Plan custodian, except for comparing the information with the related information included in the financial statements and supplementary schedule of assets. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2017, that the information provided to the Plan administrator by the custodian 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.



# BSB PARTNERS

CPAs & BUSINESS ADVISORS

## Other Matter

The supplementary schedules listed in the accompanying table of contents 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 supplementary 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 supplementary schedules, other than that derived from the information certified by the custodian, 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.

BSB PARTNERS CPAS & BUSINESS ADVISORS

*BSB Partners*

October 10, 2018

CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2017 AND 2016

| ASSETS                                   |                            |                            |
|------------------------------------------|----------------------------|----------------------------|
|                                          | <u>2017</u>                | <u>2016</u>                |
| INVESTMENTS, AT FAIR VALUE               |                            |                            |
| Pooled separate accounts                 | <u>\$ 2,604,963</u>        | <u>\$ 2,538,702</u>        |
| INVESTMENTS, AT CONTRACT VALUE           |                            |                            |
| Participant directed investments         | <u>278,503</u>             | <u>275,721</u>             |
| RECEIVABLES                              |                            |                            |
| Employer contributions                   | 2,209                      | 948                        |
| Participants' contributions              | 14,079                     | 7,038                      |
| Notes receivable from participants       | <u>92,502</u>              | <u>156,349</u>             |
|                                          | <u>108,790</u>             | <u>164,335</u>             |
| <b>TOTAL ASSETS</b>                      | 2,992,256                  | 2,978,758                  |
|                                          |                            |                            |
| LIABILITIES                              |                            |                            |
| EXCESS CONTRIBUTIONS PAYABLE             | <u>2,920</u>               | <u>1,169</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 2,989,336</u></u> | <u><u>\$ 2,977,589</u></u> |

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

CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2017

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

|                                                       |                |                |
|-------------------------------------------------------|----------------|----------------|
| Investment income                                     |                |                |
| Interest                                              | \$ 11,176      |                |
| Net appreciation in fair value of investments         | <u>402,716</u> | \$ 413,892     |
| Interest income on notes receivable from participants |                | 5,151          |
| Contributions                                         |                |                |
| Employer                                              | 27,673         |                |
| Participants'                                         | <u>190,114</u> | <u>217,787</u> |
| Total additions                                       |                | 636,830        |

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

|                               |            |                |
|-------------------------------|------------|----------------|
| Benefits paid to participants | 621,809    |                |
| Corrective distributions      | 2,920      |                |
| Administrative expenses       | <u>354</u> |                |
| Total deductions              |            | <u>625,083</u> |

|              |        |
|--------------|--------|
| NET INCREASE | 11,747 |
|--------------|--------|

NET ASSETS AVAILABLE FOR BENEFITS:

|                   |                            |
|-------------------|----------------------------|
| BEGINNING OF YEAR | <u>2,977,589</u>           |
| END OF YEAR       | <u><u>\$ 2,989,336</u></u> |

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

## CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN

### NOTES TO THE FINANCIAL STATEMENTS

#### 1. DESCRIPTION OF PLAN

The following brief description of the Cleveland Die & Mfg. Co. Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for more complete information.

##### General

The Plan is a defined contribution plan covering all eligible employees of Cleveland Die and Manufacturing Company, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is funded with a group annuity contract (the Contract) issued by American United Life Insurance Company (AUL), custodian of the Plan's assets. The Contract offers a fixed interest investment option, backed by AUL's general account, and several variable investment options (variable annuities) in an AUL separate account. Each investment account is invested by AUL exclusively in shares of the specific variable annuity directed by the participant. Amounts allocated to a variable investment account are credited to a participant's account in the form of accumulation units.

In recent years, the Plan has been amended to comply with the Heroes Earnings Assistance and Relief Tax (HEART) Act, the Worker, Retiree, and Employer Recovery Act (WRERA), and other Internal Revenue Service (IRS) and Department of Labor (DOL) guidance. The purpose of these changes was to comply with IRS and DOL regulations and maintain the Plan's tax-exempt status.

##### Eligibility

To be eligible to participate in the Plan, an employee must be at least eighteen years of age, have completed six months of full-time service, and elect to participate in the Plan. Employees may enter the Plan on the first day of the quarter following the service requirement.

##### Contributions

Participants may make voluntary pre-tax contributions, by means of a salary deferral agreement, of up to 85% of their compensation, subject to IRS limitations for the Plan year. Effective September 15, 2014, participants may also make Roth 401(k) deferrals. The Plan also permits rollover contributions from other qualified retirement plans. Additionally, catch-up contributions are permitted. Participants direct the investment of contributions into various investment options offered by the Plan.

The Plan allows for a discretionary Company matching contribution to be determined at the beginning of each Plan year. For the year ended December 31, 2017, discretionary matching contributions of \$27,673 were made by the Company. Additional discretionary profit sharing amounts may be contributed at the option of the Company. Discretionary profit sharing contributions are allocated as a percentage of participant compensation to all eligible participants, as defined. No discretionary profit sharing contributions were made for the year ended December 31, 2017. Total annual contributions made to the Plan on behalf of any participant are subject to limitations imposed under the Internal Revenue Code (IRC).

##### Participant Accounts

Each participant's account is credited with the participant's elective deferral, the Company's discretionary matching and profit sharing contributions, and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

## CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN

### NOTES TO THE FINANCIAL STATEMENTS

#### 1. DESCRIPTION OF PLAN (continued)

##### Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at 4.25%, which is commensurate with local prevailing rates, as determined by the Plan administrator. Loans are repaid over a maximum period of five years unless the loan is secured to purchase the primary residence of the participant. Principal and interest are paid ratably through payroll deductions.

##### Forfeitures

Forfeitures are created when participants terminate employment prior to becoming entitled to full benefits. At December 31, 2017 and 2016, forfeited non-vested accounts totaled \$0. Forfeitures are used to reduce Company discretionary matching or profit sharing contributions. Forfeitures attributable to Company profit sharing contributions are reallocated to participant accounts based on compensation. The Company used \$627 of forfeitures during the year ended December 31, 2017.

##### Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service according to the following schedule:

| <u>Years of service</u> | <u>Vested percentage</u> |
|-------------------------|--------------------------|
| Less than 2 years       | 0%                       |
| 2 years                 | 20%                      |
| 3 years                 | 40%                      |
| 4 years                 | 60%                      |
| 5 years                 | 80%                      |
| 6 years or more         | 100%                     |

##### Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or payment in annual installments not to extend past the lives or life expectancies of the participant and spouse. In case of hardship, a participant may apply for a distribution described in the Plan document. Lump sum distributions are required if the vested balance is \$5,000 or less. Actively employed participants may begin receiving distributions at age 59½.

##### Administrative Expenses

Certain administrative expenses of the Plan are paid by the sponsor and are not included in the statement of changes in net assets available for benefits.

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

## CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN

### NOTES TO THE FINANCIAL STATEMENTS

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

##### Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein. Accordingly, actual results may differ from those estimates.

##### Payment of Benefits

Benefit payments to participants are recorded when paid. Benefit payments totaled \$621,809 for the year ended December 31, 2017.

##### Investment Valuation and Income Recognition

Investments in variable annuities are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in a fully benefit-responsive investment contract through the AUL Fixed Account. The statement of net assets available for benefits presents the contract value of the investment contract. The statement of changes in net assets available for benefits is also prepared on a contract value basis.

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 (depreciation) includes the Plan's gains (losses) on the investments purchased and sold, as well as held, during the year.

##### Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. As of December 31, 2017, no allowance for credit losses was deemed necessary. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan document.

##### Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRC are recorded as a liability and reported as corrective distributions in the accompanying statement of changes in net assets available for benefits. Excess contributions totaled \$2,920 and \$1,169 at December 31, 2017 and 2016, respectively.

##### Subsequent Events

The Plan evaluated subsequent events through October 10, 2018, the date these financial statements were available to be issued.

The Plan was amended effective July 2018 to permit hardship distributions from an account attributable to profit sharing contributions, to disallow hardship distributions by former employees, and permit in-service distributions from an account attributable to profit sharing contributions.

## CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN

### NOTES TO THE FINANCIAL STATEMENTS

#### 3. CERTIFICATION

Investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2017 and 2016, and net appreciation in the fair value of investments, interest and dividends for the year ended December 31, 2017 were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the American United Life Insurance Company (AUL), the Plan custodian and have not been audited by the independent auditors.

#### 4. FAIR VALUE MEASUREMENTS

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

- |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.                                                                                                                                                                                                                                                                                                                                                                                      |
| Level 2 | Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified term, the level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Pooled separate accounts - Fair value of an accumulation unit in the AUL separate account is directly related to the net asset value of the shares of the underlying variable annuity adjusted for any dividends or distributions received by AUL pursuant to the Contract.

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

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no transfers between levels of the fair value hierarchy during 2017.

# CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN

## NOTES TO THE FINANCIAL STATEMENTS

### 4. FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017:

|                            | <u>Level 1</u>        | <u>Level 2</u>      | <u>Level 3</u>        | <u>Total</u>        |
|----------------------------|-----------------------|---------------------|-----------------------|---------------------|
| Variable annuities         | \$ <u>          -</u> | \$ <u>2,604,963</u> | \$ <u>          -</u> | \$ <u>2,604,963</u> |
| Total assets at fair value | \$ <u>          -</u> | \$ <u>2,604,963</u> | \$ <u>          -</u> | \$ <u>2,604,963</u> |

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

|                            | <u>Level 1</u>        | <u>Level 2</u>      | <u>Level 3</u>        | <u>Total</u>        |
|----------------------------|-----------------------|---------------------|-----------------------|---------------------|
| Variable annuities         | \$ <u>          -</u> | \$ <u>2,538,702</u> | \$ <u>          -</u> | \$ <u>2,538,702</u> |
| Total assets at fair value | \$ <u>          -</u> | \$ <u>2,538,702</u> | \$ <u>          -</u> | \$ <u>2,538,702</u> |

### 5. VARIABLE ANNUITIES

The Plan has investments in AUL's group annuity contract. There are no restrictions on transfers or withdrawals from these accounts. The investment strategies of the variable annuities held within the group annuity contract of the Plan are as follows:

AB Core Opportunities R seeks long-term growth of capital.

American Century One Choice 2020, American Century One Choice 2025, American Century One Choice 2030, American Century One Choice 2035, and American Century One Choice 2040 seek the highest total return over time with an increased emphasis on capital preservation as the target date approaches.

American Century One Choice In Retirement Portfolio Investor seeks current income with capital appreciation as a secondary objective.

American Funds Washington Mutual R4 seeks to produce income and to provide an opportunity for growth of principal consistent with sound common stock investing.

American Funds Growth Fund of America seeks growth of capital. The fund invests primarily in common stocks and seeks to invest in companies that appear to offer superior opportunities for growth of capital.

Columbia Emerging Markets Bond seeks high total return through current income and, secondarily, through capital appreciation.

Fidelity VIP Contrafund seeks long-term capital appreciation and primarily invests in common stocks of companies whose value the management believes is not fully recognized by the public.

American Funds American Balanced seeks conservation of capital, current income and long-term growth of capital and income.

Invesco Diversified Dividend seeks long-term growth of capital and, secondarily, current income.

## CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN

### NOTES TO THE FINANCIAL STATEMENTS

#### 5. VARIABLE ANNUITIES (continued)

Ivy High Income seeks to provide total return through a combination of high current income and capital appreciation.

Lord Abbett Value Opportunities seeks long-term capital appreciation and invests the majority of its assets in equity securities of small and mid-sized companies.

MFS International Value seeks capital appreciation. The fund normally invests its assets primarily in foreign equity securities, including emerging market equity securities.

Goldman Sachs Money Market seeks to provide current income while preserving assets and maintaining liquidity and investment quality.

Goldman Sachs Small Cap Value seeks long-term capital appreciation.

Oppenheimer International Growth seeks capital appreciation and mainly invests in the common stock of growth companies that are domiciled or have their primary operations outside of the United States.

Parnassus Mid Cap seeks capital appreciation and normally invests the majority of its net assets in mid-sized companies.

Pioneer Bond seeks to provide current income from an investment grade portfolio with due regard to preservation of capital and prudent investment risk.

SSGA S&P 500 Index seeks an investment return that approximates as closely as practicable, before expenses, the performance of the S&P 500 over the long term.

Thornburg Core Growth seeks long-term growth of capital and invests primarily in domestic equity securities selected for their growth potential.

Touchstone Focused Y seeks to provide investors with capital appreciation and invests the majority of its assets in equity securities.

Vanguard VIF Small Company Growth seeks to provide long-term capital appreciation and invests the majority of its assets in common stocks of small companies.

Janus Asp Balanced S seeks long-term capital growth, consistent with preservation of capital and balanced by current income.

Pioneer Equity Income Y seeks current income and long-term growth of capital from a portfolio consisting primarily of income producing equity securities of U.S. corporations.

#### 6. BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan holds a fully benefit-responsive investment contract through the AUL Fixed Account. AUL maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value, as reported to the Plan by AUL, represents contributions made under the Contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The contract is included in the financial statements at contract value as reported to the Plan by AUL. As described in Note 2, because the Fixed Account is fully

## CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN

### NOTES TO THE FINANCIAL STATEMENTS

#### 6. BENEFIT-RESPONSIVE INVESTMENT CONTRACT (continued)

benefit-responsive, contract value is the relevant measurement attribute for the portion of the net assets available for benefits attributable to the Fixed Account.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a discretionary formula agreed upon with the issuer, but it may not be less than 4.0%. Such interest rates are reviewed on a quarterly basis for resetting. The average yield based on actual earnings and the crediting interest rate was approximately 4.0% for 2017.

Certain events, such as market value adjustments and surrender charges, limit the ability of the Plan to transact at contract value with the issuer. The liquidation of the entire contract may cause a one-time adjustment to the aggregate contract value, resulting in a fair value different from the contract value. This total liquidation is a contingent event, which cannot be initiated by the Plan participants, and can only be initiated by the Plan Trustee upon termination of the Plan or complete termination of the Contract. The Plan administrator does not believe that the occurrence of such an event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The group annuity contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

#### 7. TAX STATUS

The trust established under the Plan, which holds the Plan's assets, is qualified pursuant to the appropriate section of the Internal Revenue Code, and accordingly, the trust's net investment income is exempt from income taxes. The Plan has adopted an IRS approved prototype plan. The prototype plan has received a favorable opinion letter from the IRS on March 31, 2014 that it qualifies under IRS Code section 401(a), provided all terms of the plan are followed. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan evaluates its tax positions in accordance with FASB ASC 740. At December 31, 2017, the Plan administrator believes that all of its tax positions are appropriate based on current facts and circumstances, and no liability related to uncertain tax positions needs to be recorded. The Plan files income tax returns in the U.S. Federal jurisdiction. The Plan is no longer subject to U.S. Federal income tax examination for years before 2014.

#### 8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants will become 100% vested in their account balances.

#### 9. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments at December 31, 2017 are shares of variable annuities managed by One America Financial Partners, Inc. (One America). One America is wholly-owned by AUL. Also, certain Plan investments are units of an unallocated annuity contract managed by AUL. Therefore, these transactions qualify as party-in-interest transactions. Usual and customary fees paid were paid by the variable annuities for the investment management services for the year ended December 31, 2017.

## CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN

### NOTES TO THE FINANCIAL STATEMENTS

#### 10. RISKS AND UNCERTAINTIES

The participants direct the Plan to invest 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 such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

#### 11. PROHIBITED TRANSACTIONS

For the year 2017, the Company failed to timely remit certain participant contributions and repayments of participants' notes receivable to AUL. This failure to remit contributions timely is considered a prohibited transaction according to the provisions of ERISA. The Company is in the process of correcting these transactions. For the year ended December 31, 2017, \$46,155 of contributions were categorized as delinquent.

CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN  
 PLAN NUMBER: 001  
 EIN: 34-1118981

SCHEDULE H, PART IV, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2017

| Year | Participant Contributions<br>Transferred Late to Plan                                                 | Total that Constitute Nonexempt Prohibited Transactions |                                            |                                                | Total Fully<br>Corrected Under<br>VFCP and PTE<br>2002-51 |
|------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|------------------------------------------------|-----------------------------------------------------------|
|      | Check here if Late<br>Participant Loan<br>Repayments<br>included: <input checked="" type="checkbox"/> | Contributions Not<br>Corrected                          | Contributions<br>Corrected Outside<br>VFCP | Contributions<br>Pending<br>Correction in VFCP |                                                           |
| 2017 | \$ 46,155                                                                                             | \$ 46,155                                               |                                            |                                                |                                                           |

See the Independent Auditors' Report.

CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN  
PLAN NUMBER: 001  
EIN: 34-1118981

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2017

| (a)                                                  | (b)                                                              | (c)                                                                                                    | (d)    | (e)                 |
|------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------|---------------------|
|                                                      |                                                                  | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost** | Current value       |
| Identity of issue, borrower, lessor or similar party |                                                                  |                                                                                                        |        |                     |
| <b>Insurance Company General Account</b>             |                                                                  |                                                                                                        |        |                     |
| *                                                    | AUL Fixed Account                                                | General account                                                                                        |        | <u>\$ 278,503</u>   |
| <b>Variable Investments</b>                          |                                                                  |                                                                                                        |        |                     |
| *                                                    | AB Core Opportunities R                                          | Variable annuity                                                                                       |        | 63,833              |
| *                                                    | American Century One Choice 2020                                 | Variable annuity                                                                                       |        | 26,409              |
| *                                                    | American Century One Choice 2025                                 | Variable annuity                                                                                       |        | 1,634               |
| *                                                    | American Century One Choice 2030                                 | Variable annuity                                                                                       |        | 1,037               |
| *                                                    | American Century One Choice 2035                                 | Variable annuity                                                                                       |        | 1,508               |
| *                                                    | American Century One Choice 2040                                 | Variable annuity                                                                                       |        | 3,326               |
| *                                                    | American Century One Choice In Retirement                        | Variable annuity                                                                                       |        | 25,014              |
| *                                                    | American Funds American Balanced                                 | Variable annuity                                                                                       |        | 6,013               |
| *                                                    | American Funds Growth Fund of America                            | Variable annuity                                                                                       |        | 38,088              |
| *                                                    | American Funds Washington Mutual R4                              | Variable annuity                                                                                       |        | 67,587              |
| *                                                    | Columbia Emerging Markets Bond                                   | Variable annuity                                                                                       |        | 9,266               |
| *                                                    | Fidelity VIP Contrafund                                          | Variable annuity                                                                                       |        | 48,931              |
| *                                                    | Goldman Sachs Money Market                                       | Variable annuity                                                                                       |        | 204,805             |
| *                                                    | Goldman Sachs Small Cap Value                                    | Variable annuity                                                                                       |        | 84                  |
| *                                                    | Invesco Diversified Dividend                                     | Variable annuity                                                                                       |        | 158,748             |
| *                                                    | Ivy High Income                                                  | Variable annuity                                                                                       |        | 142,053             |
| *                                                    | Janus Asp Balanced S                                             | Variable annuity                                                                                       |        | 184,243             |
| *                                                    | Lord Abbett Value Opportunities                                  | Variable annuity                                                                                       |        | 991                 |
| *                                                    | MFS International Value                                          | Variable annuity                                                                                       |        | 34,074              |
| *                                                    | Oppenheimer International Growth                                 | Variable annuity                                                                                       |        | 252,998             |
| *                                                    | Parnassus Mid Cap                                                | Variable annuity                                                                                       |        | 249,943             |
| *                                                    | Pioneer Bond                                                     | Variable annuity                                                                                       |        | 52,094              |
| *                                                    | Pioneer Equity Income Y                                          | Variable annuity                                                                                       |        | 1,099               |
| *                                                    | SSGA S&P 500 Index                                               | Variable annuity                                                                                       |        | 689,125             |
| *                                                    | Thornburg Core Growth                                            | Variable annuity                                                                                       |        | 90,735              |
| *                                                    | Touchstone Focused Y                                             | Variable annuity                                                                                       |        | 11,393              |
| *                                                    | Vanguard VIF Small Company Growth                                | Variable annuity                                                                                       |        | <u>239,932</u>      |
|                                                      |                                                                  |                                                                                                        |        | <u>2,604,963</u>    |
| *                                                    | Notes receivable from participants                               | Interest rate at 4.25%, with various maturities through December 2021                                  |        | <u>92,502</u>       |
|                                                      |                                                                  |                                                                                                        |        | <u>\$ 2,975,968</u> |
| *                                                    | Party-in-interest                                                |                                                                                                        |        |                     |
| **                                                   | Column (d) is blank as all investments are participant directed. |                                                                                                        |        |                     |

See the Independent Auditors' Report.

## Schedule C Attachment for Line Item 3(e)

**Plan Name**      **G98015 CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN**

**Plan Number**    **001**                              **Plan Year End**    **12/31/2017**

**EIN**                      **34-1118981**

Revenue Sharing Formula:

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

| Investment Company            | Investment Portfolio           | Annual Percentage |
|-------------------------------|--------------------------------|-------------------|
| ALLIANCEBERNSTEIN INVESTMENTS | AB Core Ops R                  | 0.60              |
| ALLIANCEBERNSTEIN INVESTMENTS | AB Intl Val R                  | 0.60              |
| ALLIANCEBERNSTEIN INVESTMENTS | AB Sustainable Thematic R      | 0.60              |
| AMERICAN CENTURY INVESTMENTS  | AmerCent One Choice In Ret Inv | 0.35              |
| AMERICAN CENTURY INVESTMENTS  | AmerCent One Choice 2015 Inv   | 0.35              |
| AMERICAN CENTURY INVESTMENTS  | AmerCent One Choice 2020 Inv   | 0.35              |
| AMERICAN CENTURY INVESTMENTS  | AmerCent One Choice 2025 Inv   | 0.35              |
| AMERICAN CENTURY INVESTMENTS  | AmerCent One Choice 2030 Inv   | 0.35              |
| AMERICAN CENTURY INVESTMENTS  | AmerCent One Choice 2035 Inv   | 0.35              |
| AMERICAN CENTURY INVESTMENTS  | AmerCent One Choice 2040 Inv   | 0.35              |
| AMERICAN CENTURY INVESTMENTS  | AmerCent One Choice 2045 Inv   | 0.35              |
| AMERICAN CENTURY INVESTMENTS  | AmerCent One Choice 2050 Inv   | 0.35              |

| Investment Company                | Investment Portfolio           | Annual Percentage |
|-----------------------------------|--------------------------------|-------------------|
| AMERICAN CENTURY INVESTMENTS      | AmerCent One Choice 2055 Inv   | 0.35              |
| AMERICAN FUNDS                    | AmerFds American Balanced R4   | 0.35              |
| AMERICAN FUNDS                    | AmerFds Grth Fd of America R3  | 0.65              |
| AMERICAN FUNDS                    | AmerFds Grth Fd of America R4  | 0.35              |
| AMERICAN FUNDS                    | AmerFds Amer High Inc Trust R3 | 0.65              |
| AMERICAN FUNDS                    | AmerFds Amer High Inc Trust R4 | 0.35              |
| AMERICAN FUNDS                    | AmerFds Washington Mutual R4   | 0.35              |
| CALVERT INVESTMENTS               | Calvert VP SRI MidCap Grth Prt | 0.10              |
| CALVERT INVESTMENTS               | Calvert Inc A                  | 0.50              |
| COLUMBIA MGMT INVESTMENT ADVISORS | Columbia Emerging Mkts Bond I  | 0.25              |
| FIDELITY INVESTMENTS              | Fidelity Adv Freedom 2010 M    | 0.75              |
| FIDELITY INVESTMENTS              | Fidelity Adv Freedom 2015 M    | 0.75              |
| FIDELITY INVESTMENTS              | Fidelity Adv Freedom 2020 M    | 0.75              |
| FIDELITY INVESTMENTS              | Fidelity Adv Freedom 2025 M    | 0.75              |
| FIDELITY INVESTMENTS              | Fidelity Adv Freedom 2030 M    | 0.75              |
| FIDELITY INVESTMENTS              | Fidelity Adv Freedom 2035 M    | 0.75              |
| FIDELITY INVESTMENTS              | Fidelity Adv Freedom 2040 M    | 0.75              |
| FIDELITY INVESTMENTS              | Fidelity Adv Freedom 2035 Fd A | 0.50              |
| FIDELITY INVESTMENTS              | Fidelity Adv Freedom 2040 Fd A | 0.50              |
| FIDELITY INVESTMENTS              | Fidelity Adv Freedom 2010 Fd A | 0.50              |
| FIDELITY INVESTMENTS              | Fidelity Adv Freedom 2015 Fd A | 0.50              |
| FIDELITY INVESTMENTS              | Fidelity Adv Freedom 2020 Fd A | 0.50              |
| FIDELITY INVESTMENTS              | Fidelity Adv Freedom 2025 Fd A | 0.50              |
| FIDELITY INVESTMENTS              | Fidelity Adv Freedom 2030 Fd A | 0.50              |
| FIDELITY INVESTMENTS              | Fidelity VIP High Inc Init     | 0.15              |
| FIDELITY INVESTMENTS              | Fidelity VIP Contrafd Init     | 0.15              |
| FRED ALGER & COMPANY, INC         | Alger LgCap Grth Port I-2      | 0.20              |
| GOLDMAN SACHS ASSET MANAGEMENT    | GoldmanSachs Money Mkt Gvt Ad  | 0.30              |
| GOLDMAN SACHS ASSET MANAGEMENT    | GoldmanSachs SmCapVal Inst     | 0.10              |
| INVESCO                           | Invesco Diversified Div Inv    | 0.50              |
| INVESCO                           | Invesco Financial Services     | 0.35              |
| INVESCO                           | Invesco Global Health Care Inv | 0.50              |
| INVESCO                           | Invesco Tech Inv               | 0.50              |
| IVY FUNDS                         | IVY High Inc Y                 | 0.40              |
| JANUS CAPITAL GROUP, INC          | Jan Hen Balanced Port S        | 0.25              |
| JANUS CAPITAL GROUP, INC          | Jan Hen Glo Res Port Inst      | 0.15              |
| LORD ABBETT FUNDS                 | Lord Abbett SmCap Blend P      | 0.60              |

| Investment Company              | Investment Portfolio           | Annual Percentage |
|---------------------------------|--------------------------------|-------------------|
| LORD ABBETT FUNDS               | Lord Abbett Val Ops P          | 0.60              |
| MFS INVESTMENT MANAGEMENT       | MFS International Value R3     | 0.40              |
| NEUBERGER BERMAN                | NeubergerBer LgCap Val Adv     | 0.60              |
| OPPENHEIMER FUNDS INC.          | Oppenheimer Intl Growth Y      | 0.25              |
| PARNASSUS                       | Parnassus MidCap NL            | 0.25              |
| PIMCO                           | PIMCO High Yield Adm           | 0.25              |
| PIONEER INVESTMENTS             | Pioneer Bond Y                 | 0.35              |
| PIONEER INVESTMENTS             | Pioneer Equity Income Y        | 0.35              |
| PIONEER INVESTMENTS             | Pioneer High Yield R           | 0.75              |
| PIONEER INVESTMENTS             | Pioneer VCT Inst               | 0.25              |
| PIONEER INVESTMENTS             | Pioneer Sel Mid Cap Grth VCT I | 0.25              |
| STATE STREET GLOBAL ADVISORS    | State St S&P 500 Indx Cl F     | 0.22              |
| T ROWE PRICE                    | TRowePrice Eqty Inc Ins        | 0.25              |
| THORNBURG INVESTMENT MANAGEMENT | Thornburg Core Grth R3         | 0.70              |
| THORNBURG INVESTMENT MANAGEMENT | Thornburg Val R3               | 0.70              |
| THORNBURG INVESTMENT MANAGEMENT | Thornburg Core Grth R5         | 0.25              |
| TOUCHSTONE                      | Touchstone Focused Y           | 0.10              |

Plan Type 1 401PS

**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan: CLEVELAND DIE & MFG. CO. PROFIT SHARING PLAN  
Employer Identification Number: 34-1118981  
For plan year (beginning/ending): 01-01-2017 TO 12-31-2017 Plan number: 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | ALLIANCEBERNSTEIN INVESTMENTS                             | AB CORE OPS R MUTUAL FUND SHARES                                                                           | 0        | 63,833            |
|     | AMERICAN CENTURY INVESTMENTS                              | AMERCENT ONE CHOICE 2025 INV MUTUAL FUND SHARES                                                            | 0        | 1,634             |
|     | AMERICAN CENTURY INVESTMENTS                              | AMERCENT ONE CHOICE 2035 INV MUTUAL FUND SHARES                                                            | 0        | 1,508             |
|     | AMERICAN CENTURY INVESTMENTS                              | AMERCENT ONE CHOICE 2020 INV MUTUAL FUND SHARES                                                            | 0        | 26,409            |
|     | AMERICAN CENTURY INVESTMENTS                              | AMERCENT ONE CHOICE 2030 INV MUTUAL FUND SHARES                                                            | 0        | 1,037             |
|     | AMERICAN CENTURY INVESTMENTS                              | AMERCENT ONE CHOICE 2040 INV MUTUAL FUND SHARES                                                            | 0        | 3,326             |
|     | AMERICAN CENTURY INVESTMENTS                              | AMERCENT ONE CHOICE IN RET INV MUTUAL FUND SHARES                                                          | 0        | 25,014            |
|     | AMERICAN FUNDS                                            | AMERFDS AMERICAN BALANCED R4 MUTUAL FUND SHARES                                                            | 0        | 6,013             |
|     | AMERICAN FUNDS                                            | AMERFDS GRTH FD OF AMERICA R4 MUTUAL FUND SHARES                                                           | 0        | 38,087            |
|     | AMERICAN FUNDS                                            | AMERFDS WASHINGTON MUTUAL R4 MUTUAL FUND SHARES                                                            | 0        | 67,587            |
| *   | AMERICAN UNITED LIFE INS CO                               | AUL FIXED ACCOUNT                                                                                          | 0        | 278,503           |
|     | COLUMBIA MGMT INVESTMENT ADVISORS                         | COLUMBIA EMERGING MKTS BOND I MUTUAL FUND SHARES                                                           | 0        | 9,266             |
|     | FIDELITY INVESTMENTS                                      | FIDELITY VIP CONTRAFD INIT MUTUAL FUND SHARES                                                              | 0        | 48,931            |
|     | GOLDMAN SACHS ASSET MANAGEMENT                            | GOLDMANSACHS MONEY MKT GVT AD MUTUAL FUND SHARES                                                           | 0        | 204,805           |
|     | GOLDMAN SACHS ASSET MANAGEMENT                            | GOLDMANSACHS SMCAPVAL INST MUTUAL FUND SHARES                                                              | 0        | 84                |
|     | INVESCO                                                   | INVESCO DIVERSIFIED DIV INV MUTUAL FUND SHARES                                                             | 0        | 158,748           |
|     | IVY FUNDS                                                 | IVY HIGH INC Y MUTUAL FUND SHARES                                                                          | 0        | 142,053           |
|     | JANUS CAPITAL GROUP INC                                   | JAN HEN BALANCED PORT S MUTUAL FUND SHARES                                                                 | 0        | 184,244           |
|     | PARTICIPANTS                                              | LOANS 4.25% TO 4.25%                                                                                       | 0        | 92,502            |
|     | LORD ABBETT FUNDS                                         | LORD ABBETT VAL OPS P MUTUAL FUND SHARES                                                                   | 0        | 990               |
|     | MFS INVESTMENT MANAGEMENT                                 | MFS INTERNATIONAL VALUE R3 MUTUAL FUND SHARES                                                              | 0        | 34,074            |
|     | OPPENHEIMER FUNDS INC.                                    | OPPENHEIMER INTL GROWTH Y MUTUAL FUND SHARES                                                               | 0        | 252,998           |
|     | PARNASSUS                                                 | PARNASSUS MIDCAP NL MUTUAL FUND SHARES                                                                     | 0        | 249,943           |
|     | PIONEER INVESTMENTS                                       | PIONEER BOND Y MUTUAL FUND SHARES                                                                          | 0        | 52,093            |
|     | PIONEER INVESTMENTS                                       | PIONEER EQUITY INCOME Y MUTUAL FUND SHARES                                                                 | 0        | 1,099             |
|     | STATE STREET GLOBAL ADVISORS                              | STATE ST S&P 500 INDX CL F MUTUAL FUND SHARES                                                              | 0        | 689,125           |
|     | THORNBURG INVESTMENT MANAGEMENT                           | THORNBURG CORE GRTH R5 MUTUAL FUND SHARES                                                                  | 0        | 90,735            |
|     | TOUCHSTONE                                                | TOUCHSTONE FOCUSED Y MUTUAL FUND SHARES                                                                    | 0        | 11,393            |
|     | THE VANGUARD GROUP INC                                    | VANGUARD VIF SMALLCOMPGRTH INS MUTUAL FUND SHARES                                                          | 0        | 239,932           |