

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>
A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____	
B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information—enter all requested information		
1a Name of plan <u>AMANDA BENT BOLT COMPANY HOURLY RATED EES' PENSION PLAN</u>		1b Three-digit plan number (PN) ▶	<u>002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMANDA BENT BOLT COMPANY</u> <u>P.O. BOX 1027</u> <u>1120 CIC DRIVE</u> <u>LOGAN, OH 43138-4027</u>		1c Effective date of plan <u>12/31/1962</u>	
2b Employer Identification Number (EIN) <u>31-0928132</u>		2c Plan Sponsor's telephone number <u>740-385-6893</u>	
2d Business code (see instructions) <u>332700</u>			

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	ROBERT GRUSCHOW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 108
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 85 6a(2) 72 6b 5 6c 5 6d 82 6e 1 6f 83 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan AMANDA BENT BOLT COMPANY HOURLY RATED EES' PENSION PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMANDA BENT BOLT COMPANY	D Employer Identification Number (EIN) 31-0928132
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2018			
2	Assets:			
a	Market value	2a	4351714	
b	Actuarial value	2b	4144167	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	4	247641	247641
b	For terminated vested participants	25	671748	671748
c	For active participants	79	3054516	3054516
d	Total	108	3973905	3973905
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.56 %	
6	Target normal cost	6	157638	

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	
Signature of actuary	10/15/2019
ANDREW BEHNKE, MSPA, MAAA	Date
Type or print name of actuary	17-07643
MIDWEST PENSION ACTUARIES, INC.	Most recent enrollment number
Firm name	248-539-5000
30680 TWELVE MILE ROAD FARMINGTON HILLS, MI 48334-3808	Telephone number (including area code)
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>14.92</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		327645
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.77</u> %		18905
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		346550
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	104.28%
15 Adjusted funding target attainment percentage	15	104.28%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.56%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/18/2018	100000	0			
12/04/2018	100000	0			
03/19/2019	100000	0			
05/30/2019	100000	0			
Totals ▶			18(b)	400000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	379438

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	Prior regulation:	☒ Prescribed - combined	☐ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	157638	
b Excess assets, if applicable, but not greater than line 31a	31b	157638	
32 Amortization installments:			
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	379438	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	379438	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:				
a Schedule elected	☐ 2 plus 7 years	☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010	☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan AMANDA BENT BOLT COMPANY HOURLY RATED EES' PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AMANDA BENT BOLT COMPANY	D Employer Identification Number (EIN) 31-0928132	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan AMANDA BENT BOLT COMPANY HOURLY RATED EES' PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 AMANDA BENT BOLT COMPANY	D Employer Identification Number (EIN) 31-0928132	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	246722	200000
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	6088	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	255631	284631
(2) U.S. Government securities	1c(2)	247272	122142
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	187332	111702
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	55250	0
(B) Common.....	1c(4)(B)	1584939	1217632
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1785041	1431511
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4368275	3367618

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	3336	3262
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3336	3262

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4364939	3364356
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	400000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		400000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9947	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9947
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	26366	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	54396	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		80762
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-187720
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		302989

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1257716	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1257716
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	45856	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		45856
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1303572

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1000583
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SKILLMAN GROUP, PLC

(2) EIN: 38-3269666

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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 4133997. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>25</u>

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

**Annual Report
Years Ended December 31, 2018 and 2017**



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

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Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan, which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Reliance Trust Co., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

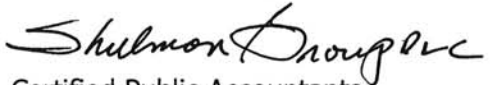
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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


Certified Public Accountants

October 14, 2019



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2018	2017
Assets		
Investments - at fair value		
Mutual funds	\$ 1,431,511	\$ 1,785,041
Corporate stock	1,217,632	1,640,189
U.S. government securities	122,142	247,272
Corporate bonds	111,702	168,016
Foreign bonds, notes and debentures	-	19,316
Total Investments	2,882,987	3,859,834
Receivables		
Employer receivable	200,000	246,722
Due from broker	-	6,088
Total Receivables	200,000	252,810
Cash and Cash Equivalents	284,631	255,631
Total Assets	3,367,618	4,368,275
Liabilities		
Accrued expenses	3,262	3,336
Net Assets Available for Benefits	\$ 3,364,356	\$ 4,364,939

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



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits

<i>Year Ended December 31,</i>	2018	2017
Additions to Net Assets		
Investment Income		
Net (depreciation) appreciation in fair value of investments	\$ (187,720)	\$ 458,766
Dividend income	80,762	81,302
Interest	9,947	11,563
Total Investment (Loss) Income	(97,011)	551,631
Contributions		
Employer	400,000	493,444
Total Additions to Net Assets	302,989	1,045,075
Deductions from Net Assets		
Benefits paid to participants and beneficiaries	1,257,716	386,953
Fees	45,856	49,592
Total Deductions from Net Assets	1,303,572	436,545
Net (Decrease) Increase in Net Assets Available for Benefits	(1,000,583)	608,530
Net Assets Available for Benefits		
Beginning of year	4,364,939	3,756,409
End of year	\$ 3,364,356	\$ 4,364,939

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



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Accumulated Plan Benefits

<i>December 31,</i>	2018	2017
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Active participants	\$ 3,077,177	\$ 3,667,777
Benefits in pay status	398,970	397,313
Deferred vested benefits	609,086	693,624
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 4,085,233	\$ 4,758,714

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



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Changes in Accumulated Plan Benefits

<i>Year Ended December 31,</i>	2018	2017
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 4,758,714	\$ 4,342,245
Increase (decrease) during the year attributable to:		
Increase due to passage of time	203,197	192,796
Additional benefits accrued and experience loss	208,018	211,880
Increase due to change in actuarial assumptions	173,020	398,797
Benefit payments	(1,257,716)	(387,004)
Actuarial Present Value of Accumulated Plan Benefits at End of Year	\$ 4,085,233	\$ 4,758,714

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



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

1. Description of the Plan

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

General

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

Participation

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

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). The plan allows for early retirement at ages 55 - 64 for a participant, or a vested participant who has completed at least five years of service with such benefits reduced as defined in the plan's provisions. If an employee terminates before rendering five years of service, they forfeit the right to receive any benefits.

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



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

1. Description of the Plan (continued)

Pension Benefits - continued

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

See Plan Document for Prior Year's Information

\$34.50	March 10, 2013
\$35.00	March 10, 2014
\$35.50	March 10, 2015
\$36.00	March 10, 2016
\$36.50	March 10, 2017
\$37.00	March 10, 2018

Death and Disability Benefits

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

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company made contributions of \$400,000 and \$493,444 during 2018 and 2017. The Company's contributions for 2018 and 2017 exceeded the minimum funding requirements of ERISA.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

3. Actuary Information

Actuarial Present Value of Accumulated Plan Benefits

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

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

The significant actuarial assumptions used in determining accumulated plan benefits as of December 31, 2018, are as follows:

Funding Interest Rate:

Segment Rates with a 3-Month Lookback

Segment	Rate
1	1.75%
2	3.76%
3	4.66%



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

3. Actuary Information (continued)

Mortality: IRS 2018 Static Mortality Table

Assumed Retirement Age:

Retirement Rates are as follows:

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

Funding Rate

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

Form of Payment

All active employee benefits are assumed to be paid in the form of a lump sum payment, calculated using an assumed PBGC immediate interest rate of 2.05% / 3.61% / 4.27% and the IRS 2018 Applicable Mortality Table.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

4. Fair Value Measurements

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

Level 1 Fair Value Measurements

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

Corporate Stock

The fair values are based on quoted market prices.

Mutual Funds

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

Level 2 Fair Value Measurements

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

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

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



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

4. Fair Value Measurements (continued)

Level 3 Fair Value Measurements

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

There have been no changes in the methodologies used at December 31, 2018 and 2017.

The table below and on the next page segregates all financial assets as of December 31, 2018 and 2017 that are measured at fair value on a recurring basis (at least annually) into the most appropriate level within the fair value hierarchy based on inputs used to determine the fair value at the measurement date.

Description	12/31/2018	Fair Value Measurements Using		
		Quoted Prices In Active Markets for for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	\$1,431,511	\$ 1,431,511	\$ -	\$ -
Corporate Stock	1,217,632	1,217,632	-	-
U.S. Government Securities	122,142	-	122,142	-
Corporate Bonds	111,702	-	111,702	-
Total	\$2,882,987	\$ 2,649,143	\$ 233,844	\$ -



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

4. Fair Value Measurements (continued)

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

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2018, there were no significant transfers in or out of levels 1, 2, or 3.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

5. Information Certified by the Plan's Custodians

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

<i>December 31,</i>	2018	2017
Description		
Mutual Funds, at fair value	\$ 1,431,511	\$ 1,785,041
Corporate Stock, at fair value	1,217,632	1,640,189
U.S. Government Securities, at fair value	122,142	247,272
Corporate Bonds, at fair value	111,702	168,016
Foreign Bonds, Notes and Debentures, at fair value	-	19,316
Net (Depreciation) Appreciation in Fair Value of Investments	(187,720)	458,766
Dividends	80,762	81,302
Interest	9,947	11,563

6. Risks and Uncertainties

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

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



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

7. Union Agreement Amendment

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

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

8. Tax Status

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

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

9. Party In Interest Transactions

As described in Note 2, the Plan paid certain expenses related to plan operations totaling \$45,856 and \$49,592 for the years ended December 31, 2018 and 2017, respectively. These transactions are party in interest transactions under ERISA.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

10. Plan Termination

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

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

11. ERISA Bond Requirement

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total plan assets, and is required to be at least equal to the lesser of 10% of the Plan's assets at the beginning of the plan year or \$500,000. At December 31, 2018 and 2017, the Plan's sponsor maintained bond coverage in the amount of \$1,000,000.

12. Date of Management's Review

The Company has evaluated all events subsequent to the balance sheet date of December 31, 2017 through October 14, 2019, the date the accompany financial statements and supplemental schedules were available to be issued, and determined there were no subsequent events requiring additional disclosure.



Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

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

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

Plan number: 2
EIN: 31-0928132

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant: 2018 Nonannuitant Male
Female Nonannuitant: 2018 Nonannuitant Female
Male Annuitant: 2018 Annuitant Male
Female Annuitant: 2018 Annuitant Female

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

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	2	4	5
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4	6	6
Override:	0	0	0

Salary Scale

Male: 0.00%
Female: 0.00%

Withdrawal

Male: N/A
Female: N/A

Withdrawal-Select

Male: N/A
Female: N/A

Early Retirement Rates

Male: ER Amanda
Female: ER Amanda

Subsidized Early Retirement Rates

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

Options:

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

Actuarial Equivalent Floor

Stability period: plan year
Lookback months: 3
Nonannuitant: 2018 Applicable
Annuitant: 2018 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	2	4	4
Override:	0	0	0

Late Retirement Rates

Male: N/A
Female: N/A

Marriage Probability

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

Disability Rates

Male: N/A
Female: N/A

Mortality

Male: N/A
Female: N/A

Setback

0

Setback

0

0

Name of Plan: Amanda Bent Bolt Company Hourly F
Plan Sponsor's EIN: 31-0928132
Plan Number: 2

Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions For the Year Ended December, 31, 2018

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

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain / (Loss)
Blackrock Liq FDS Fedfd Cash	Short-Term Investment	\$ 304,875	\$ 304,875	\$ -	\$ -	\$ 304,875	\$ 304,875	\$ -
Fidelity Investments Money Market Fund	Short-Term Investment	\$ 611,753	\$ 611,753	\$ -	\$ -	\$ 611,753	\$ 611,753	\$ -
BIF Money Fund	Short-Term Investment	\$ 3,198,492	\$ 3,198,492	\$ -	\$ -	\$ 3,198,492	\$ 3,198,492	\$ -
Fidelity Investments Money Market Fund	Short-Term Investment	\$ 249,758	\$ 249,758	\$ -	\$ -	\$ 249,758	\$ 249,758	\$ -
BIF Money Fund	Short-Term Investment	\$ 254,371	\$ 254,371	\$ -	\$ -	\$ 254,371	\$ 254,371	\$ -
Fidelity Investments Money Market Fund	Short-Term Investment	\$ 254,371	\$ 254,371	\$ -	\$ -	\$ 254,371	\$ 254,371	\$ -

(a) Represents a transaction or a series of transactions in securities of the same issue in excess of 5 percent of the plan market value as of December 31, 2018.

See Independent Auditors' Report

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>				
2 Assets:				
a Market value.....	2a	4,351,714		
b Actuarial value.....	2b	4,144,167		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	4	247,641	247,641	
b For terminated vested participants	25	671,748	671,748	
c For active participants	79	3,054,516	3,054,516	
d Total	108	3,973,905	3,973,905	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐				
a Funding target disregarding prescribed at-risk assumptions.....	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate.....	5	5.56%		
6 Target normal cost	6	157,638		

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary Andrew Behnke, MSPA, MAAA	<u>10/15/2019</u> Date 1707643 Most recent enrollment number 248-539-5000 Telephone number (including area code)
Type or print name of actuary Midwest Pension Actuaries, Inc. Firm name 30680 Twelve Mile Road Farmington Hills MI 48334-3808 Address of the firm		

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

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

Schedule SB (Form 5500) 2018
v. 171027

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of <u>14.92%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		327,645
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.77%</u>		18,905
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		346,550
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	104.28%
15	Adjusted funding target attainment percentage.....	15	104.28%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.56%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/18/2018	100,000	0			
12/04/2018	100,000	0			
03/19/2019	100,000	0			
05/30/2019	100,000	0			
Totals ▶			18(b)	400,000	18(c) 0

19 Discounted employer contributions – see instructions for small-plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 379,438
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?..... ☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	Prior regulation:	☒ Prescribed - combined	☐ Prescribed - separate ☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	157,638
b Excess assets, if applicable, but not greater than line 31a		31b	157,638
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	379,438
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	379,438
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		39	0
40 Unpaid minimum required contributions for all years		40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2018

Effective: 5.56%

Late Quarterly: 10.56%

<u>Effective Date</u>	<u>Amount</u>	<u>Effective Interest</u>	<u>Quarterly Interest</u>	<u>Discounted</u>
05/18/2018	\$100,000	-2,010	0	\$97,990
12/04/2018	\$100,000	-4,873	0	\$95,127
03/19/2019	\$100,000	-6,342	0	\$93,658
05/30/2019	\$100,000	-7,337	0	\$92,663
	\$400,000			\$379,438

Name of Plan: Amanda Bent Bolt Company Hourly F
Plan Sponsor's EIN: 31-0928132
Plan Number: 2
Plan Sponsor's Name: Amanda Bent Bolt Company

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

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

Service/Participation Requirements

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

Earnings

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

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

Benefit Reduction / Mortality table & setback

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

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

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

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

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Amanda Bent Bolt Company Hourly Rated Ees' Pension Plan
 Plan Sponsor's EIN: 31-0928132
 Plan Number: 2
 Plan Sponsor's Name: Amanda Bent Bolt Company

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula:	Benefit formula		
Type of Formula:	Unit benefit non-integrated		
Effective Date:	01/01/2010		
 Unit type:	 Dollar		
Unit based on:	Accrual		
Maximum total percent:			
Tiers based on:	None		
First tier:	\$36.50	for 1st	None
Second tier:	None	for next	None
Third tier:	None	for remaining yrs	
 Maximum credit:			
Past years:	99		
Future years:	99		
Total years:	99		

Averaging

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

Accrual

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

Name of Plan:	Amanda Bent Bolt Company Hourly Rated Ees' Pension Plan
Plan Sponsor's EIN:	31-0928132
Plan Number:	2
Plan Sponsor's Name:	Amanda Bent Bolt Company

Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2018

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds				
Fixed Income Funds				
*	Bond Allc TGT Shares Ser M	5,464 shares	\$ 52,632	\$ 51,580
*	Blackrock Allocation Target Shares Ser A	724 shares	7,389	7,146
*	Blackrock Total Return Instl	3,303 shares	38,401	37,058
*	Blackrock Multi-Asset Income Instl	10,154 shares	113,948	102,962
*	Blackrock Strginc Opp Instl	18,780 shares	189,260	180,288
*	Lord Abbett Floating Rate F	5,018 shares	46,083	43,606
*	Lord Abbett Short Duration Income F	25,600 shares	109,939	105,984
*	Lord Abbett Bond-Debenture F	3,456 shares	27,546	25,749
*	Lord Abbett Inflatons Focused F	3,888 shares	47,383	44,051
*	Pimco Income P	7,751 shares	94,236	91,537
*	Vanguard Short-Term Bond ETF (Mkt)	1,299 shares	100,971	102,063
Total Fixed Income Funds			\$ 827,788	\$ 792,024
Equity Funds				
*	American Century Ultrar Instl	785 shares	\$ 41,736	\$ 32,910
*	American Century Emerging Markets Ins	3,924 shares	41,319	39,867
*	Eaton Vance Rich Bern All Asst Strat I	2,760 shares	41,736	36,795
*	American Funds Europacific GR F2	804 shares	41,319	36,109
*	First Eagle Overseas I	1,548 shares	37,563	34,003
*	First Trust Down Jones Internet Index	45 shares	6,126	5,250
*	iShares NASDAQ Biotechnology (Mkt)	43 shares	5,051	4,146
*	iShares MSCI USA Minimum Volatility	2,750 shares	117,145	144,100
*	iShares MSCI USA Quality Factor (Mkt)	983 shares	82,536	75,455
*	iShares Core MSCI EAFE (Mkt)	1,884 shares	113,181	103,620
*	iShares Core MSCI Emerging Market	665 shares	33,582	31,355
*	Oppenheimer Global Opportunities Y	279 shares	13,281	14,449



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2018

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Equity Funds - continued				
*	SPDR S&P Insurance ETF (Mkt)	54 shares	\$ 1,317	\$ 1,532
*	Materials Select Sector SPDRR	108 shares	5,941	5,456
*	Health Care Select Sector SPDRR	102 shares	7,304	8,824
*	Consumer Staples Select Sector SPDRR	186 shares	9,308	9,445
*	Consumer Discret Select Sector SPDRR	98 shares	7,570	9,703
*	Energy Select Sector SPDRR	41 shares	3,087	2,351
*	Industrial Select Sector SPDRR	185 shares	10,509	11,916
*	The Real Estate Select Sector SPDR Fund	149 shares	4,644	4,619
*	Utilities Select Sector SPDRR	40 shares	1,790	2,117
*	Vanguard Financials ETF (Mkt)	221 shares	12,022	13,119
*	Vanguard Information Technology ETF	74 shares	8,347	12,346

Total Equity Funds	\$ 646,414	\$ 639,487
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Total Mutual Funds	\$ 1,474,202	\$ 1,431,511
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Corporate Stock

Common Stock

*	AES Corp .	152 shares	\$ 2,120	\$ 2,198
*	Abbvie Inc.	29 shares	2,351	2,674
*	Adobe Systems Inc.	64 shares	9,448	14,479
*	Ally Fin Inc Com.	72 shares	1,965	1,632
*	Alphabet Inc Capital Stock Class C	37 shares	30,596	38,318
*	Alphabet Inc Capital Stock Class A	4 shares	3,358	5,225
*	Altria Group Inc.	194 shares	10,984	9,582
*	Amazon Com Inc SR	2 shares	3,813	3,004
*	American International Group Inc.	74 shares	4,236	2,916
*	American Tower Corp.	35 shares	3,647	5,537



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2018

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

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	Amphenol Corp.	67 shares	\$ 4,386	\$ 5,428
*	Anadarko Petroleum Corp.	17 shares	1,191	745
*	Anthem Inc.	36 shares	8,319	9,455
*	Apple Inc.	291 shares	31,232	45,902
*	Automatic Data Processing Inc.	40 shares	3,506	5,245
*	AXA Equitable Hldgs Inc.	48 shares	818	798
*	Baxter International Inc.	41 shares	2,300	2,699
*	Biogen Inc.	13 shares	3,948	3,912
*	Blackrock Inc.	9 shares	3,073	3,535
*	Booking Hldgs Inc.	12 shares	25,359	20,669
*	Broadcom Inc Com.	58 shares	13,676	14,748
*	CDW Corp.	168 shares	11,139	13,616
*	CVS Health Corporation	19 shares	1,514	1,245
*	Cabot Oil & Gas Corp.	259 shares	6,270	5,789
*	Capital One Financial Corp.	41 shares	3,959	3,099
*	Cardinal Health Inc.	11 shares	778	491
*	Centene Corp.	24 shares	1,908	2,767
*	Chevron Corp.	31 shares	3,568	3,372
*	Cisco Systems Inc.	245 shares	7,340	10,616
*	Citigroup Inc.	212 shares	11,441	11,037
*	Citizens Finl Group Inc.	28 shares	796	832
*	Coca-Cola Co.	96 shares	4,040	4,546
*	Cognizant Technology Solutions Corp.	174 shares	10,854	11,046
*	Colgate-Palmolive Co.	109 shares	7,740	6,488
*	Comcast Corp.	218 shares	6,296	7,423
*	Cooper Cos Inc.	28 shares	6,223	7,126
*	Costco Wholesale Corp.	26 shares	3,920	5,296
*	Dr Horton Inc.	89 shares	3,002	3,085



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2018

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	Danaher Corp.	47 shares	\$ 3,482	\$ 4,847
*	Dell Technologies Inc. CL C Com.	21 shares	954	1,026
*	Delta Air Lines Inc.	61 shares	2,989	3,044
*	Devon Energy Corp.	36 shares	1,473	811
*	Walt Disney Company	35 shares	3,742	3,838
*	Dish Network Corp Class-A	74 shares	2,462	1,848
*	Dollar General Corp.	40 shares	3,976	4,323
*	Dowdupont Inc.	174 shares	10,608	9,306
*	E*Trade Financial Corp.	53 shares	2,449	2,326
*	Ecolab Inc.	81 shares	9,996	11,935
*	Edwards Lifesciences Corp.	38 shares	4,605	5,820
*	Electronic Arts Inc.	107 shares	12,932	8,443
*	Emerson Electric Co.	211 shares	15,252	12,607
*	Fedex Corp	24 shares	4,114	3,872
*	Firstenergy Corp.	148 shares	4,602	5,557
*	Fortive Corp Com.	33 shares	2,250	2,233
*	Freeport-McMoran Inc CL B	161 shares	2,449	1,660
*	Arthur J Gallagher & Co.	12 shares	868	884
*	Genuine Parts Co.	41 shares	3,708	3,937
*	Gilead Sciences Inc.	35 shares	3,175	2,189
*	Goldman Sachs Group Inc.	10 shares	1,795	1,671
*	Hartford Financial Services Group Inc.	28 shares	1,518	1,245
*	Hess Corp.	24 shares	1,096	972
*	Hilton Worldwide Hldgs Inc Com.	52 shares	3,900	3,734
*	Home Depot Inc.	158 shares	20,087	27,148
*	Honeywell International Inc.	60 shares	6,532	7,927
*	Humana Inc.	37 shares	8,697	10,600
*	Intercontinental Exchange Inc.	269 shares	15,509	20,264



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2018

EIN: 31-0928132
Plan Number: 002
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(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	International Flavors & Fragrances Inc.	44 shares	\$ 5,982	\$ 5,908
*	International Paper Co.	83 shares	3,956	3,350
*	JPMorgan Chase & Co.	179 shares	13,715	17,474
*	Johnson & Johnson	126 shares	14,927	16,260
*	KAR Auction Svcs Inc.	43 shares	2,331	2,052
*	Kellogg Co.	21 shares	1,283	1,197
*	Laboratory Corp of America Holdings	53 shares	8,777	6,697
*	Lennar Corp	33 shares	1,656	1,292
*	Eli Lilly & Co.	143 shares	16,280	16,548
*	Lockheed Martin Corp.	27 shares	6,248	7,070
*	Lowes Cos Inc.	61 shares	4,628	5,634
*	M&T Bank Corp.	13 shares	1,601	1,861
*	Marathon Oil Corp.	111 shares	2,377	1,592
*	Marathon Pete Corp.	27 shares	1,569	1,593
*	Marsh & McLennan Cos Inc.	225 shares	17,254	17,944
*	Masco Corp.	203 shares	6,886	5,936
*	Mastercard Inc.	137 shares	14,483	25,845
*	Mattel Inc.	42 shares	791	420
*	McKesson Corp.	13 shares	2,029	1,436
*	Merck & Co. Inc.	48 shares	2,968	3,668
*	Metlife Inc.	80 shares	3,734	3,285
*	Microsoft Corp.	631 shares	36,720	64,091
*	Microchip Technology Inc.	55 shares	3,952	3,956
*	Mondelez Intl Inc. Class A	30 shares	1,287	1,201
*	Morgan Stanley	68 shares	2,614	2,696
*	Motorola Inc.	13 shares	924	1,496
*	Nextera Energy Inc.	32 shares	3,790	5,562
*	Norfolk Southern Corp.	28 shares	3,225	4,187



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2018

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	Northrop Grumman Corp.	5 shares	\$ 943	\$ 1,225
*	O Reilly Automotive Inc.	44 shares	11,577	15,151
*	Oneok Inc.	33 shares	2,172	1,780
*	Oracle Corp.	90 shares	4,067	4,064
*	Packaging Corp of America	22 shares	1,786	1,836
*	Paychex Inc.	21 shares	1,468	1,368
*	Paypal Holdings Inc.	123 shares	7,325	10,343
*	Pepsico Inc.	229 shares	23,633	25,300
*	Pfizer Inc.	383 shares	12,382	16,718
*	Philip Morris International Inc.	40 shares	3,455	2,670
*	Procter & Gamble Co.	47 shares	3,934	4,320
*	Prologis inc.	60 shares	3,701	3,523
*	Public Service Enterprise Group Inc.	39 shares	1,659	2,030
*	Qualcomm Inc.	29 shares	1,670	1,650
*	Raytheon Co.	82 shares	11,486	12,575
*	Regions Financial Corp.	161 shares	2,440	2,154
*	Resideo Technologies Inc Com.	8 shares	160	164
*	Ross Stores Inc.	191 shares	12,770	15,891
*	Charles Schwab Corp.	206 shares	9,226	8,555
*	Sherwin-Williams Co.	13 shares	5,708	5,115
*	JM Smucker Co.	19 shares	2,347	1,776
*	Stanley Black & Decker Inc.	91 shares	13,866	10,896
*	Starbucks Corp.	72 shares	3,796	4,637
*	State Street Corp.	22 shares	1,776	1,388
*	Suntrust Banks Inc.	144 shares	8,183	7,263
*	Sysco Corp.	82 shares	5,900	5,138
*	Telus Corp.	138 shares	4,597	4,573
*	Texas Instruments Inc.	76 shares	6,080	7,182



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2018

EIN: 31-0928132
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Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	Thermo Fisher Scientific Inc.	109 shares	\$ 15,941	\$ 24,393
*	3M Co.	22 shares	3,907	4,192
*	Tractor Supply Co.	55 shares	3,862	4,589
*	Travelers Cos Inc.	12 shares	1,427	1,437
*	US Bancorp	123 shares	5,459	5,621
*	Union Pacific Corp.	45 shares	4,100	6,220
*	United Parcel Service	13 shares	1,410	1,268
*	United Technologies Corp.	24 shares	2,825	2,556
*	Unitedhealth Group Inc.	24 shares	2,148	5,978
*	Urban Outfitters Inc.	43 shares	1,021	1,427
*	Verizon Communications Inc.	124 shares	3,177	6,971
*	Visa Inc. Class A Shares	47 shares	3,771	6,201
*	Walmart Inc.	206 shares	18,939	19,189
*	Wells Fargo & Co.	184 shares	9,044	8,478
*	Williams Cos Inc.	124 shares	3,290	2,734
*	Zoetis Inc CL A	164 shares	13,498	14,028
*	Marriot International Inc.			
	Class A New (Contra)	17,391 shares	-	5
Total Common Stock			\$ 864,247	\$ 985,465
Foreign Stock				
*	Amtcor LTD	100 shares	\$ 4,692	\$ 3,731
*	Ansell LTD	21 shares	1,291	1,303
*	Anta Sports Prods LTD	11 shares	869	1,319
*	Astrazeneca PLC Sponsored ADR	143 shares	4,568	5,431
*	BAE Systems PLC ADR	91 shares	2,500	2,129
*	BP PLC Sponsored ADR	162 shares	6,975	6,143



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2018

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

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Foreign Stock - continued				
*	British American Tobacco PLC ADR	87 shares	\$ 5,001	\$ 2,772
*	CRH PLC	36 shares	1,264	949
*	Carnival Corp.	51 shares	2,444	2,514
*	DBS Group Holdings LTD ADR	25 shares	1,364	1,738
*	Deutsche Post AG ADR	112 shares	3,957	3,061
*	Diageo PLC Sponsored ADR New	29 shares	3,325	4,112
*	GlaxoSmithKline PLC ADR	84 shares	3,582	3,210
*	Heineken NV ADR	41 shares	1,649	1,809
*	Imperial Brands PLC Spon ADR	118 shares	5,345	3,572
*	Koninklijke Philips NV ADR N Y	131 shares	4,850	4,599
*	Nestle SA ADR	50 shares	3,771	4,048
*	Novartis AG ADR	107 shares	9,375	9,182
*	Novo Nordisk A/S ADR	115 shares	5,718	5,298
*	Relx PLC Sponsored ADR	68 shares	1,432	1,395
*	Rogers Communications Inc. Class B	93 shares	3,711	4,767
*	Royal Bank CDA Preferred	3,000 shares	30,000	45,516
*	Royal Bank CDA Preferred	3,000 shares	30,000	30,234
*	Sanofi Sponsored ADR	92 shares	4,296	3,994
*	Schneider Electric SA UNSP ADR	135 shares	2,338	1,843
*	SGS SA ADR	56 shares	1,289	1,255
*	Sonic Healthcare LTD	115 shares	1,709	1,790
*	Suncor Energy Inc.	225 shares	7,297	6,293
*	Svenska Handelsbanken AB ADR	383 shares	2,498	2,124
*	Taiwan Semiconductor Mfg Co LTD ADR	167 shares	5,575	6,164
*	Total SA ADR	114 shares	5,275	5,949
*	Unilever NV New York	105 shares	5,255	5,649
*	Accenture PLC	95 shares	13,633	13,396
*	Johnson Ctls Intl PLC Shs	50 shares	1,831	1,483



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2018

EIN: 31-0928132
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(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Foreign Stock - continued				
*	Medtronic PLC	239 shares	\$ 20,122	\$ 21,739
*	Chubb Limited Com	51 shares	6,183	6,588
*	Japan Tobacco Inc. ORD	53 shares	1,619	1,240
*	Kone OYJ Shs B	81 shares	3,866	3,828
Total Foreign Stock			\$ 220,469	\$ 232,167
Total Corporate Stock			\$ 1,084,716	\$ 1,217,632
U.S. Government Securities				
U.S. Government Obligations				
*	U.S. Treasury Note			
	DTD 2/28/2018; 2.25%; 2/29/2020	3,000 units	\$ 2,998	\$ 2,988
*	U.S. Treasury Note			
	DTD 8/28/2018; 2.625%; 2/28/2023	18,000 units	17,915	18,091
*	U.S. Treasury Note			
	DTD 5/15/2018; 2.875%; 5/15/2018	3,000 units	2,939	3,046
*	U.S. Treasury Note			
	DTD 11/15/2014; 2.25%; 11/15/2024	11,000 units	10,825	10,810
*	U.S. Treasury Note			
	DTD 11/30/2015; 2%; 11/30/2022	18,000 units	17,630	17,672
*	U.S. Treasury Note			
	DTD 5/15/2016; 1.625%; 5/15/2016	6,000 units	5,873	5,603
*	U.S. Treasury Note			
	DTD 5/15/25017; 2.375%; 5/15/2027	3,000 units	3,002	2,937
*	U.S. Treasury Note			
	DTD 5/31/2017; 1.75%; 5/31/2022	10,000 units	10,011	9,764
Total U.S. Government Obligations			\$ 71,193	\$ 70,911



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2018

EIN: 31-0928132
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(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Mortgaged Backed Securities				
*	Federal Home Loan Mortgage Corp PC Gold Comb Pool #G0-7925 DTD 1/1/2015; 4%; 2/1/2045	3,547 units	\$ 3,837	\$ 3,651
*	Federal Home Loan Mortgage Corp PC Gold Comb 30 Year Pool #G0-8623 DTD 1/1/2015; 3.5%; 1/1/2045	8,594 units	8,940	8,628
*	Federal Home Loan Mortgage Corp Pool #G0-8737 DTD 11/1/2016; 3%; 11/1/2046	6,948 units	6,917	6,780
*	Federal Home Loan Mortgage Corp Pool #G0-8741 DTD 12/1/2016; 3%; 12/1/2046	1,912 units	1,846	1,864
*	Federal Home Loan Mortgage Corp Pool #G1-8684 DTD 3/1/2018; 3%; 4/1/2033	4,570 units	4,528	4,555
*	Federal Home Loan Mortgage Corp Pool #G6-0713 DTD 9/1/2016; 3.5%; 9/1/2046	9,566 units	10,170	9,599
*	FNMA Pass-Thru Lng 30 Yr Pool Pool #BC4714 DTD 10/1/2016; 3%; 10/1/2046	6,701 units	6,944	6,537
*	Federal National Mortgage Assn Pool #AE0949 DTD 2/1/2011; 4%; 2/1/2041	5,320 units	5,729	5,473
Total Mortgage Backed Securities			\$ 48,911	\$ 47,087



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2018

EIN: 31-0928132
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(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Collateralized Mortgage Obligations				
*	U.S. Treasury Note (TIPS)			
	DTD 1/15/2016; .625%; 1/15/2026	4,000 units	\$ 4,114	\$ 4,144
Total Collateralized Mortgage Obligations			\$ 4,114	\$ 4,144
Total U.S. Government Securities			\$ 124,218	\$ 122,142
Corporate Bonds				
*	Amazon Com Inc. SR			
	DTD 2/22/2018; 2.8%; 8/22/2024	5,000 units	\$ 4,817	\$ 4,860
*	American Express Credit MTNBE FR			
	DTD 3/3/17; 2.2%; 3/3/2020	3,000 units	2,994	2,968
*	Anheuser-Busch Inbev Fin Inc SR			
	DTD 1/25/16; 2.65%; 2/1/2021	3,000 units	2,995	2,950
*	Anheuser-Busch Inbev Fin Inc SR			
	DTD 1/25/16; 3.65%; 2/1/2026	3,000 units	3,106	2,828
*	Apple Inc.			
	DTD 5/3/13; 2.4%; 5/3/2023	3,000 units	2,902	2,901
*	Apple Inc.			
	DTD 5/6/2014; 2.85%; 5/6/2021	3,000 units	2,997	3,004
*	Bank Montreal			
	DTD 4/3/2018; 3.1%; 4/13/2021	3,000 units	2,989	2,999
*	CVS Health Corporation			
	DTD 3/9/2018; 3.35%; 3/9/2021	3,000 units	3,006	2,991
*	Capital One Financial Corp			
	DTD 1/30/2018; 3.8%; 1/31/2028	2,000 units	1,942	1,848
*	Citigroup Inc. SR NT			
	DTD 12/8/16; 2.9%; 12/8/2021	3,000 units	2,999	2,951



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2018

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

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds - continued				
*	Citigroup Inc. SR NT FXD/FLT DTD 7/24/17; 3.668%; 7/24/2028	2,000 units	\$ 2,013	\$ 1,889
*	Comcast Corp. DTD 10/5/2018; 3.45%; 10/1/2021	3,000 units	3,001	3,030
*	Dowdupont Inc. SR GLBL NT DTD 11/28/2018; 3.766%; 11/15/2020	4,000 units	4,013	4,038
*	Enterprise Prods Oper LLC SR DTD 10/14/14; 3.75%; 2/15/2025	3,000 units	3,043	2,968
*	Goldman Sachs Group Inc. SR DTD 7/27/2011; 5.25%; 7/27/2021	3,000 units	3,391	3,114
*	JPMorgan Chase & Co. DTD 10/21/10; 4.25%; 10/15/2020	4,000 units	4,339	4,072
*	JPMorgan Chase & Co. SR NT DTD 4/25/17; 3.54%; 5/1/2028	2,000 units	2,019	1,907
*	Kinder Morgan Energy Partners LP SR NT DTD 3/14/12; 3.95%; 9/1/2022	3,000 units	3,025	2,999
*	Microsoft Corp. DTD 2/6/17; 2.4%; 2/6/2022	4,000 units	3,999	3,954
*	Morgan Stanley FR DTD 11/17/16; 2.625%; 11/17/2021	5,000 units	4,968	4,880
*	Northrop Grumman Corp. DTD 10/13/17; 2.55%; 10/15/2022	3,000 units	3,004	2,903
*	Oracle Corp. SR NT DTD 7/8/14; 2.8%; 7/8/2021	3,000 units	3,077	2,985
*	U.S. Treasury Note DTD 8/15/2017; 1.5%; 8/15/2020	3,000 units	14,791	14,754
*	U.S. Treasury Note DTD 7/31/2018; 2.625%; 7/31/2020	8,000 units	7,984	8,010



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2018

EIN: 31-0928132
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(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Corporate Bonds - continued			
*	United Technologies Corp DTD 8/16/2018; 3.65%; 8/16/2023	4,000 units	\$ 4,016	\$ 3,984
*	United Health Group Inc. SR GLBL DTD 7/23/15; 3.35%; 7/15/2022	4,000 units	4,068	4,018
*	Verizon Communications Inc. DTD 3/28/11; 4.6%; 4/1/2021	2,000 units	2,188	2,065
*	Walmart Inc. DTD 6/7/2018; 3.4%; 6/26/2023	3,000 units	3,015	3,031
*	Wells Fargo & Company MTN FR DTD 6/3/14; 4.1%; 6/3/2026	3,000 units	3,131	2,931
*	Wells Fargo & Company MTN BE FR DTD 9/9/14; 3.3%; 9/9/2024	4,000 units	4,037	3,870
Total Corporate Bonds			\$ 113,869	\$ 111,702
Total Investments			\$ 2,797,005	\$ 2,882,987

* Represents a party in interest

