

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information									
1a	Name of plan <u>RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF FOSTORIA AND GREENVILLE</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶</td> <td><u>002</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan</td> <td><u>07/29/2011</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶	<u>002</u>	1c	Effective date of plan	<u>07/29/2011</u>			
1b	Three-digit plan number (PN) ▶	<u>002</u>								
1c	Effective date of plan	<u>07/29/2011</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>FRAM GROUP OPERATIONS LLC</u> <u>1900 WEST FIELD COURT</u> <u>LAKE FOREST, IL 60045-4828</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN)</td> <td><u>80-0697545</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number</td> <td><u>847-482-3057</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions)</td> <td><u>336300</u></td> </tr> </table>	2b	Employer Identification Number (EIN)	<u>80-0697545</u>	2c	Plan Sponsor's telephone number	<u>847-482-3057</u>	2d	Business code (see instructions)	<u>336300</u>
2b	Employer Identification Number (EIN)	<u>80-0697545</u>								
2c	Plan Sponsor's telephone number	<u>847-482-3057</u>								
2d	Business code (see instructions)	<u>336300</u>								

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/02/2018	KELLY TUNDER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☐ Same as Plan Sponsor RETIREMENT BENEFITS ADMINISTRATION COMMITTEE 1900 WEST FIELD COURT LAKE FOREST, IL 60045-4828	3b Administrator's EIN 80-0697545
	3c Administrator's telephone number 847-482-3057
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	5 322
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 135
a(2) Total number of active participants at the end of the plan year	6a(2) 131
b Retired or separated participants receiving benefits	6b 83
c Other retired or separated participants entitled to future benefits	6c 105
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 319
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 4
f Total. Add lines 6d and 6e	6f 323
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3H	
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) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF FOSTORIA AND GREENVILLE</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FRAM GROUP OPERATIONS LLC</u>	D Employer Identification Number (EIN) <u>80-0697545</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I	Basic Information
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1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value	2a	<u>41828326</u>	
b Actuarial value	2b	<u>42422112</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>75</u>	<u>13175822</u>	<u>13175822</u>
b For terminated vested participants	<u>112</u>	<u>2914693</u>	<u>2914693</u>
c For active participants	<u>135</u>	<u>16239661</u>	<u>19647459</u>
d Total	<u>322</u>	<u>32330176</u>	<u>35737974</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.96 %</u>	
6 Target normal cost	6	<u>545253</u>	

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

SIGN HERE		
Signature of actuary	<u>07/13/2018</u>	Date
<u>JAMES M. DERENGOWSKI</u>	<u>17-06555</u>	Most recent enrollment number
Type or print name of actuary	<u>847-771-2000</u>	Telephone number (including area code)
<u>AON CONSULTING, INC.</u>		
Firm name		
<u>4 OVERLOOK POINT</u> <u>LINCOLNSHIRE, IL 60069-4302</u>		
Address of the firm		

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

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>6.04</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)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.15</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		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	118.70%
15 Adjusted funding target attainment percentage	15	118.70%
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	118.47%
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
Totals ▶			18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 61
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	545253	
b Excess assets, if applicable, but not greater than line 31a	31b	545253	
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF FOSTORIA AND GREENVILLE	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 FRAM GROUP OPERATIONS LLC	D Employer Identification Number (EIN) 80-0697545	

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	
NORTHERN TRUST CORPORATION	
36-2723087	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PIMCO INVESTMENTS LLC	1633 BROADWAY NEW YORK, NY 10019

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DIMENSIONAL FUND ADVISORS	6300 BEE CAVE ROAD BUILDING ONE AUSTIN, TX 78746

(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)

AON HEWITT ASSOCIATES

36-2235791

(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?
11 17 27 50	NONE	35600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROWE LLP

35-0921680

(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?
10 50	NONE	26500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONDUENT HR SERVICES, LLC

04-3609848

(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?
15 50	NONE	24465	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)

NORTHERN TRUST COMPANY

36-1561860

(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?
19 21 28 50 51	NONE	10680	Yes ☒ No ☐	Yes ☒ No ☐	0	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.	

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

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:
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d Address:	e Telephone:

Explanation:

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

A Name of plan <u>RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF FOSTORIA AND GREENVILLE</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FRAM GROUP OPERATIONS LLC</u>	D Employer Identification Number (EIN) <u>80-0697545</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT TERM INVESTMENT

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>147545</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF FOSTORIA AND GREENVILLE</u>		B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FRAM GROUP OPERATIONS LLC</u>		D Employer Identification Number (EIN) <u>80-0697545</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	132050	124805
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	101343	147545
	(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)	41708505	45266011
	(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	41941898	45538361

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	113572	105903
k Total liabilities (add all amounts in lines 1g through 1j)	1k	113572	105903

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	41828326	45432458
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1506914	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1506914
(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)		597
(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)		3375948
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4883459

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1158553	
(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)		1158553
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)	72780	
(2) Contract administrator fees	2i(2)	24465	
(3) Investment advisory and management fees	2i(3)	1226	
(4) Other	2i(4)	22303	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		120774
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1279327

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3604132
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: CROWE LLP

(2) EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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 4085561. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF FOSTORIA AND GREENVILLE		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 FRAM GROUP OPERATIONS LLC		D Employer Identification Number (EIN) 80-0697545
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046063		
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 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF FOSTORIA AND GREENVILLE**
Lake Forest, Illinois

FINANCIAL STATEMENTS
December 31, 2017 and 2016

RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF FOSTORIA AND GREENVILLE
Lake Forest, Illinois

FINANCIAL STATEMENTS
December 31, 2017 and 2016

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INDEPENDENT AUDITOR'S REPORT

Retirement Benefits Administration Committee
Retirement Plan for Bargaining Unit Employees
of Fostoria and Greenville
Lake Forest, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Bargaining Unit Employees of Fostoria and Greenville (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for 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 7, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such 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 certification from the trustee as of December 31, 2017 and 2016 and for the years then ended 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.

(Continued)

Other Matters

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2017 and supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2017 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes 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.

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.

A handwritten signature in black ink, appearing to read "Crowe LLP", with a stylized flourish at the end.

Crowe LLP

Oak Brook, Illinois
July 30, 2018

RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF FOSTORIA AND GREENVILLE
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Assets		
Investments, at fair value	\$ 45,413,556	\$ 41,809,848
Accrued income receivable	<u>124,805</u>	<u>132,050</u>
Total assets	45,538,361	41,941,898
Liabilities		
Due to broker for securities purchased	<u>105,903</u>	<u>113,572</u>
Total liabilities	<u>105,903</u>	<u>113,572</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 45,432,458</u>	<u>\$ 41,828,326</u>

See accompanying notes to financial statements.

RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF FOSTORIA AND GREENVILLE
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Net investment income		
Net appreciation in fair value of investments	\$ 3,375,948	\$ 632,272
Interest and dividends	<u>1,507,511</u>	<u>1,789,427</u>
	4,883,459	2,421,699
 Benefits paid directly to participants	 (1,158,553)	 (1,000,080)
 Administrative expenses	 <u>(120,774)</u>	 <u>(104,927)</u>
 Net increase	 3,604,132	 1,316,692
 Net assets available for benefits		
Beginning of year	<u>41,828,326</u>	<u>40,511,634</u>
 End of year	 <u>\$ 45,432,458</u>	 <u>\$ 41,828,326</u>

See accompanying notes to financial statements.

RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF FOSTORIA AND GREENVILLE
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Retirement Plan for Bargaining Unit Employees of Fostoria and Greenville (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit plan established on July 29, 2011, providing pension benefits for eligible employees of FRAM Group and Subsidiaries (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended. The Plan is administered by the Retirement Benefits Administration Committee (the Benefits Plan Committee), formerly the Reynolds Services, Inc. Benefits Administration Committee.

Eligibility: Employees of the Fostoria division became eligible for participation in the Plan as of the first day of the month coincident with or following the date they have completed 12 consecutive months of employment, worked 1,000 hours and must be a member of the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America (UAW) Local Union No. 533, limited to specific exclusions.

Employees of the Greenville division become eligible for participation in the Plan provided they were employed by the Company prior to July 29, 2011, and must be a member of UAW Local Union No. 2413, limited to specific exclusions.

Effective May 22, 2011, the Plan was frozen for Greenville participants and effective November 1, 2011, the Plan was frozen for Fostoria participants. As of these dates the Plan was frozen to disallow new entrants into the Plan. However, current Plan participants will still accrue benefits.

Contributions: The Company pays the full cost of the Plan through contributions made to the trust fund. Such contribution amounts must adhere to or exceed the minimum funding requirements under ERISA, as determined by the Plan's actuary. There were no required Company contributions for the years ended December 31, 2017 and 2016 in order for the Plan to meet the minimum funding requirements under ERISA. Participant contributions are not permitted under the Plan.

Pension Benefits:

Greenville Employees - A participant becomes eligible for normal retirement pension to be paid from the Plan if his or her employment is terminated on or after his or her normal retirement age of 65. Payment of a normal retirement pension shall commence as of the first day of the month coincident with or immediately following the participant's retirement. The monthly amount of a participant's normal retirement pension payable on a single-life basis shall be equal to the product of (1) and (2), reduced by (3) and (4):

1. An amount equal to \$38.50.
2. The employee's accrual service on such date.
3. The actuarial equivalent of the amount of any payments (including a lump-sum payment that shall be converted into monthly payments) to the participant for loss of earnings.
4. The benefit, if any, that is payable to the participant under any other qualified defined benefit plan contributed to by the Company or controlled group member.

(Continued)

RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF FOSTORIA AND GREENVILLE
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Fostoria Employees - A participant becomes eligible for normal retirement pension to be paid from the Plan if his or her employment is terminated on or after his or her normal retirement age of 65. Payment of a normal retirement pension shall commence as of the first day of the month coincident with or immediately following the participant's retirement. The monthly amount of a participant's normal retirement pension payable on a single-life basis shall be equal to the product of (1) and (2), reduced by (3), (4) and (5):

1. The benefit class code amount, which ranges from \$44.55 to \$45.30.
2. The employee's accrual service on such date.
3. The benefit, if any, that is payable to the participant under any other qualified defined benefit plan contributed to by the Company or controlled group member.
4. The disability benefit, if any (other than those payable on the basis of "need," because of military service or under the Federal Social Security Act), payable to the participant.
5. Unless prohibited by law, any workers' compensation (including compromise or redemption settlements) payable to the participant.

Fostoria participants will also receive an interim supplemental benefit payable until the earlier of (i) the date the participant attains age 62 and 1 month, or (ii) the date the participant is eligible for an unreduced Social Security benefit. This benefit may be reduced by early retirement reduction factors outlined in the Plan.

All Employees - Participants are 100% vested after having five whole service years. A participant has no vesting percent until reaching the five years. Vesting percentage for a participant who is an employee on or after the date they reach normal retirement age shall be 100%.

Participants are entitled to early retirement following attainment of a specified age and a specified number of years of vesting service. For early retirement, the benefit is the monthly accrued benefit, reduced by early retirement reduction factors outlined in the Plan.

A participant shall also be eligible for a deferred vested pension if his or her employment is terminated for any reason before death after completion of at least 1,700 hours of continuous employment. Payment of a participant's deferred vested pension shall commence as of his or her normal retirement date, or at early retirement age, 55, if proper application is made.

Unless otherwise elected, a participant with an eligible spouse shall receive his or her pension in the form of a joint and survivor pension. Under this method, the participant shall receive a reduced pension during his or her lifetime and, upon his or her death, 50% or 60% (if a Greenville or Fostoria participant, respectively) of such reduced pension shall be paid to the eligible surviving spouse for the remainder of his or her lifetime.

(Continued)

RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF FOSTORIA AND GREENVILLE
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements are prepared on the accrual basis of accounting.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability.

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

Payment of Benefits: Benefits are recorded when paid.

Administrative and Investment Management Expenses: Unless the Company pays the expenses of the Plan directly, expenses are paid for by the Plan.

NOTE 3 - FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate the fair values of investments.

Mutual funds - The fair values of mutual funds are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

(Continued)

RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF FOSTORIA AND GREENVILLE
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Collective trusts - The fair values of participation units held in collective trusts are based on their net asset values, as reported by the fund managers of the collective trusts. Each collective trust provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirements.

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

Investments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements as of December 31, 2017, Using			Total
	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	
Mutual funds	\$ 45,266,011	\$ -	\$ -	\$ 45,266,011
Collective trusts*	-	-	-	147,545
Total	<u>\$ 45,266,011</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 45,413,556</u>

	Fair Value Measurements as of December 31, 2016, Using			Total
	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	
Mutual funds	\$ 41,708,505	\$ -	\$ -	\$ 41,708,505
Collective trusts*	-	-	-	101,343
Total	<u>\$ 41,708,505</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 41,809,848</u>

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statements of net assets available for benefits.

NOTE 4 - ACTUARIAL VALUATION OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. 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.

(Continued)

RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF FOSTORIA AND GREENVILLE
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 4 - ACTUARIAL VALUATION OF ACCUMULATED PLAN BENEFITS (Continued)

The actuarial present value of accumulated plan benefits is determined by an actuary and is that 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.

Significant actuarial assumptions used in the valuation as of December 31, 2016 and 2015, are as follows:

Interest rate	2016: 3.97% 2015: 3.50%
Retirement rates	A graduated table starting at age 55, with 100% retirement by age 65 for 2016 and 2015
Mortality rates	2016: RP-2006 mortality table for employees and healthy annuitants (with a fully generational projection using scale MP-2017 with blue collar adjustment) 2015: RP-2006 mortality table for employees and healthy annuitants (with a fully generational projection using scale MP-2016 with blue collar adjustment)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of December 31, 2016, was as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving benefits	\$ 15,290,204
Other participants	<u>26,795,388</u>
Total vested benefits	42,085,592
Non-vested benefits	<u>4,673,206</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 46,758,798</u>

The change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2016, consists of the following:

Actuarial present value of accumulated plan benefits as of December 31, 2015	\$ 50,104,371
Change during the year attributable to	
Increase for interest due to decrease in discount period	1,736,302
Benefits paid	(1,000,080)
Benefits accumulated and actuarial experience	(428,597)
Changes in assumptions	<u>(3,653,198)</u>
Net increase (decrease)	<u>(3,345,573)</u>
Actuarial present value of accumulated plan benefits as of December 31, 2016	<u>\$ 46,758,798</u>

(Continued)

RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF FOSTORIA AND GREENVILLE
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 5 - TERMINATION OF PLAN

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

If the Plan terminates, a portion of the benefits under the Plan is insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor benefits. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Amounts paid by the Plan to parties in interest included fees paid for investment management and actuarial services. Certain professional fees for the administration of the Plan were paid by the Company. Various administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

At December 31, 2017 certain Plan investments are managed by The Northern Trust Company. These investments qualify as party-in-interest investments. Fees paid to service providers also qualify as party-in-interest transactions.

NOTE 7 - UNAUDITED INFORMATION – CERTIFIED INVESTMENTS

Substantially all information pertaining to the Plan's investments in the financial statements, including the associated investment income (loss), was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by The Northern Trust Company, the trustee and custodian of the Plan. This information has not been audited by independent accountants.

NOTE 8 - TAX STATUS

During 2016, plan management applied for a new determination letter. A new determination letter dated April 17, 2017 was received from the Internal Revenue Service (IRS) stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan has been designed to comply with and is operating in accordance with the applicable requirements of the Code and therefore believes the Plan is qualified and the related trust is tax-exempt.

(Continued)

RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF FOSTORIA AND GREENVILLE
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2017 and 2016

NOTE 8 - TAX STATUS (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for the years prior to 2014.

NOTE 9 - RISKS AND UNCERTAINTIES

Investments are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain plan investments as well as the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of certain plan investments will occur in the near term and that such changes could materially affect 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 is 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 in these estimates and assumptions in the near term could be material to the financial statements.

NOTE 10 - SUBSEQUENT EVENTS

Effective May 31, 2018, the Fostoria division was closed and all active employees were terminated.

Management has evaluated the events and transactions that have occurred through July 30, 2018, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF FOSTORIA AND GREENVILLE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2017

Name of plan sponsor: FRAM Group Operations LLC
Employer identification number: 80-0697545
Three-digit plan number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Dimensional Fund	Intermediate Term		
	Advisors LP	Extended Quality Fund	\$ 7,391,891	\$ 7,392,167
	PIMCO	Extended Duration Fund	16,304,974	15,319,238
	PIMCO	Long Duration Total Return Fund	24,286,227	22,554,606
*	Northern Trust Company	Northern Trust Collective Short-Term Investment Fund	<u>147,545</u>	<u>147,545</u>
			<u>\$ 48,130,637</u>	<u>\$ 45,413,556</u>

* Denotes a party-in-interest

See the independent auditor's report.

RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF FOSTORIA AND GREENVILLE
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2017

Name of plan sponsor: FRAM Group Operations LLC
Employer identification number: 80-0697545
Three-digit plan number: 002

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(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 or (Loss)
Category (iii): A series of transactions in the same security in excess of 5% of Plan assets:								
Northern Trust Company	Northern Trust Collective Short-Term Investment Fund							
	(total acquisitions – 25)	\$ 1,224,899	\$ -	N/A	\$ -	\$ 1,224,899	\$ 1,224,899	\$ -
	(total dispositions – 43)	\$ -	\$ 1,178,697	N/A	\$ -	\$ 1,178,697	\$ 1,178,697	\$ -

See the independent auditor's report.

Schedule SB Attachment (Form 5500)—2017 Plan Year
 Retirement Plan For Bargaining Unit Employees of Fostoria And Greenville
 EIN: 80-0697545 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44						11				
45-49						12	1			
50-54						14	4	1	2	
55-59						8	5	3	36	4
60-64						2	1		12	14
65-69									1	3
70+						1				

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Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan For Bargaining Unit Employees of Fostoria And Greenville
EIN: 80-0697545 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
Retirement Age	
Active Participants	See Tables 1–2
Terminated Vested Participants	65
Mortality Rates	
Healthy and Disabled	2017 combined static mortality table for small plans per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$215,000.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan For Bargaining Unit Employees of Fostoria And Greenville
EIN: 80-0697545 PN: 002

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2015 Plan Year	3.70%
2016 Plan Year	3.50%
2017 Plan Year	3.97%

Trust Expenses Included in Target Normal Cost

\$107,130 (\$104,927 actual 2016 expenses increased by 2.1% inflation)

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2017

Schedule SB Attachment (Form 5500)—2017 Plan Year
 Retirement Plan For Bargaining Unit Employees of Fostoria And Greenville
 EIN: 80-0697545 PN: 002

Table 1

Retirement Rates—Fostoria

Age	Years of Service		
	0-9	10-29	30+
55	0.00%	0.00%	100.00%
56	0.00%	0.00%	100.00%
57	0.00%	0.00%	100.00%
58	0.00%	0.00%	100.00%
59	0.00%	0.00%	100.00%
60	0.00%	0.00%	100.00%
61	0.00%	0.00%	100.00%
62	0.00%	100.00%	100.00%
63	0.00%	100.00%	100.00%
64	0.00%	100.00%	100.00%
65+	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2017 Plan Year
 Retirement Plan For Bargaining Unit Employees of Fostoria And Greenville
 EIN: 80-0697545 PN: 002

Table 2

Retirement Rates—Greenville

Age	Years of Service	
	0-29	30+
55	5.00%	8.00%
56	5.00%	8.00%
57	5.00%	8.00%
58	5.00%	8.00%
59	5.00%	8.00%
60	10.00%	30.00%
61	10.00%	30.00%
62	40.00%	40.00%
63	40.00%	40.00%
64	40.00%	40.00%
65+	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan For Bargaining Unit Employees of Fostoria And Greenville
EIN: 80-0697545 PN: 002

Table 3—Page 1 of 2

Withdrawal Rates

Age	Years of Service			
	0-2	3	4	5+
15	25.00%	20.00%	20.00%	20.00%
16	25.00%	20.00%	20.00%	20.00%
17	25.00%	20.00%	20.00%	20.00%
18	25.00%	20.00%	20.00%	20.00%
19	25.00%	20.00%	20.00%	20.00%
20	25.00%	20.00%	20.00%	20.00%
21	25.00%	20.00%	20.00%	20.00%
22	24.00%	20.00%	20.00%	20.00%
23	23.00%	19.00%	19.00%	15.50%
24	22.00%	18.00%	18.00%	14.50%
25	21.00%	17.50%	17.50%	13.50%
26	20.50%	17.50%	17.00%	13.00%
27	20.00%	17.50%	16.50%	12.50%
28	19.50%	17.50%	16.00%	12.50%
29	19.00%	17.50%	15.50%	12.00%
30	18.50%	17.50%	15.00%	12.00%
31	18.00%	17.00%	14.50%	11.50%
32	18.00%	16.50%	14.00%	11.00%
33	18.00%	16.00%	13.50%	11.00%
34	17.50%	15.50%	13.00%	10.50%
35	17.50%	15.00%	12.00%	10.00%
36	17.00%	15.00%	12.00%	9.40%
37	16.50%	14.50%	12.00%	8.80%
38	16.00%	14.50%	11.50%	8.20%
39	15.50%	14.00%	11.50%	7.60%
40	15.00%	13.50%	11.00%	7.00%
41	15.00%	13.00%	10.50%	6.80%
42	15.00%	12.50%	10.00%	6.60%
43	15.00%	12.00%	10.00%	6.40%
44	15.00%	11.50%	9.50%	6.20%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan For Bargaining Unit Employees of Fostoria And Greenville
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Table 3—Page 2 of 2

Withdrawal Rates

Age	Years of Service			
	0-2	3	4	5+
45	15.00%	11.00%	9.00%	6.00%
46	15.00%	10.50%	9.00%	5.80%
47	15.00%	10.00%	8.50%	5.60%
48	15.00%	10.00%	8.00%	5.40%
49	15.00%	9.50%	7.50%	5.20%
50	15.00%	9.00%	7.00%	5.00%
51	15.00%	9.00%	7.00%	5.00%
52	15.00%	9.00%	7.00%	5.00%
53	15.00%	9.00%	7.00%	5.00%
54	15.00%	9.00%	7.00%	5.00%
55+	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan For Bargaining Unit Employees of Fostoria And Greenville
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Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.000%	0.000%	45	0.280%	0.387%
16	0.078%	0.098%	46	0.315%	0.423%
17	0.078%	0.098%	47	0.356%	0.463%
18	0.078%	0.098%	48	0.403%	0.508%
19	0.078%	0.098%	49	0.455%	0.557%
20	0.078%	0.098%	50	0.515%	0.610%
21	0.079%	0.099%	51	0.583%	0.666%
22	0.080%	0.100%	52	0.662%	0.728%
23	0.081%	0.101%	53	0.754%	0.794%
24	0.083%	0.103%	54	0.858%	0.866%
25	0.085%	0.107%	55	0.969%	0.940%
26	0.087%	0.111%	56	1.081%	1.009%
27	0.089%	0.116%	57	1.187%	1.068%
28	0.091%	0.122%	58	1.287%	1.118%
29	0.094%	0.128%	59	1.386%	1.161%
30	0.097%	0.136%	60	1.482%	1.198%
31	0.101%	0.145%	61	1.577%	1.229%
32	0.105%	0.155%	62	1.671%	1.253%
33	0.110%	0.169%	63	1.764%	1.271%
34	0.115%	0.184%	64	1.856%	1.284%
35	0.121%	0.200%	65+	1.947%	1.292%
36	0.129%	0.216%			
37	0.137%	0.232%			
38	0.146%	0.245%			
39	0.156%	0.257%			
40	0.169%	0.270%			
41	0.184%	0.286%			
42	0.202%	0.305%			
43	0.224%	0.328%			
44	0.249%	0.356%			

RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF FOSTORIA AND GREENVILLE
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2017

Name of plan sponsor: FRAM Group Operations LLC
Employer identification number: 80-0697545
Three-digit plan number: 002

(a) Identity of Party <u>Involved</u>	(b) Description of Asset (Include Interest Rate) and Maturity in <u>Case of a Loan</u>	(c) Purchase <u>Price</u>	(d) Selling <u>Price</u>	(e) Lease Rental	(f) Expense Incurred With <u>Transaction</u>	(g) Cost <u>of Asset</u>	(h) Current Value of Asset on Transaction <u>Date</u>	(i) Net Gain or <u>(Loss)</u>
Category (iii): A series of transactions in the same security in excess of 5% of Plan assets:								
Northern Trust Company	Northern Trust Collective Short-Term Investment Fund							
	(total acquisitions – 25)	\$ 1,224,899	\$ -	N/A	\$ -	\$ 1,224,899	\$ 1,224,899	\$ -
	(total dispositions – 43)	\$ -	\$ 1,178,697	N/A	\$ -	\$ 1,178,697	\$ 1,178,697	\$ -

See the independent auditor's 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ Round off amounts to nearest dollar.

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

A Name of plan RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF FOSTORIA AND GREENVILLE	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FRAM GROUP OPERATIONS LLC	D Employer Identification Number (EIN) 80-0697545	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value.....	2a	41,828,326	
b Actuarial value	2b	42,422,112	
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	75	13,175,822	13,175,822
b For terminated vested participants	112	2,914,693	2,914,693
c For active participants	135	16,239,661	19,647,459
d Total	322	32,330,176	35,737,974
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	5.96%	
6 Target normal cost	6	545,253	

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	James M. Derengowski <i>gws</i> Signature of actuary	<u>07/13/2018</u> Date <u>1706555</u> Most recent enrollment number <u>847-771-2000</u> Telephone number (including area code)
James M. Derengowski Type or print name of actuary Aon Consulting, Inc. Firm name		

4 Overlook Point

Lincolnshire IL 60069-4302
 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 ☐

(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>6.04%</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)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.15%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		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

14	Funding target attainment percentage	14	118.70%
15	Adjusted funding target attainment percentage.....	15	118.70%
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	118.47%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

(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
			Totals ►	18(b)	0 18(c)

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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.16 %2nd segment:
5.72 %3rd segment:
6.48 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

61

23 Mortality table(s) (see instructions)☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

545,253

b Excess assets, if applicable, but not greater than line 31a**31b**

545,253

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**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

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

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan For Bargaining Unit Employees of Fostoria And Greenville
EIN: 80-0697545 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

Fostoria (0-9)			
(a)	(b)	(c)	(d) Product
Age	Rate	Weight	(a) × (b) × (c)
55	0.00%	1.0000	0.00
56	0.00%	1.0000	0.00
57	0.00%	1.0000	0.00
58	0.00%	1.0000	0.00
59	0.00%	1.0000	0.00
60	0.00%	1.0000	0.00
61	0.00%	1.0000	0.00
62	0.00%	1.0000	0.00
63	0.00%	1.0000	0.00
64	0.00%	1.0000	0.00
65	100.00%	1.0000	65.00
Weighted Average			65.00

Fostoria (10-29)			
(a)	(b)	(c)	(d) Product
Age	Rate	Weight	(a) × (b) × (c)
55	0.00%	1.0000	0.00
56	0.00%	1.0000	0.00
57	0.00%	1.0000	0.00
58	0.00%	1.0000	0.00
59	0.00%	1.0000	0.00
60	0.00%	1.0000	0.00
61	0.00%	1.0000	0.00
62	100.00%	1.0000	62.00
63	100.00%	0.0000	0.00
64	100.00%	0.0000	0.00
65	100.00%	0.0000	0.00
Weighted Average			62.00

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan For Bargaining Unit Employees of Fostoria And Greenville
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Fostoria (30+)

(a)	(b)	(c)	(d) Product (a) × (b) × (c)
Age	Rate	Weight	(a) × (b) × (c)
55	100.00%	1.0000	55.00
56	100.00%	0.0000	0.00
57	100.00%	0.0000	0.00
58	100.00%	0.0000	0.00
59	100.00%	0.0000	0.00
60	100.00%	0.0000	0.00
61	100.00%	0.0000	0.00
62	100.00%	0.0000	0.00
63	100.00%	0.0000	0.00
64	100.00%	0.0000	0.00
65	100.00%	0.0000	0.00
Weighted Average			55.00

Greenville (0-29)

(a)	(b)	(c)	(d) Product (a) × (b) × (c)
Age	Rate	Weight	(a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	10.00%	0.7738	4.64
61	10.00%	0.6964	4.25
62	40.00%	0.6268	15.54
63	40.00%	0.3761	9.48
64	40.00%	0.2256	5.78
65	100.00%	0.1354	8.80
Weighted Average			61.36

Schedule SB Attachment (Form 5500)—2017 Plan Year
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Greenville (30+)			
(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55	8.00%	1.0000	4.40
56	8.00%	0.9200	4.12
57	8.00%	0.8464	3.86
58	8.00%	0.7787	3.61
59	8.00%	0.7164	3.38
60	30.00%	0.6591	11.86
61	30.00%	0.4614	8.44
62	40.00%	0.3229	8.01
63	40.00%	0.1938	4.88
64	40.00%	0.1163	2.98
65	100.00%	0.0698	4.53
Weighted Average			60.07

	Count	Weight Average
Fostoria (0-9)	0	65.00
Fostoria (10-29)	52	62.00
Fostoria (30+)	0	55.00
Greenville (0-29)	21	61.36
Greenville (30+)	<u>62</u>	<u>60.07</u>
	135	61.01

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan For Bargaining Unit Employees of Fostoria And Greenville
EIN: 80-0697545 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Greenville Employees

Effective Date

Restatement effective July 29, 2011.

Eligibility for Participation

An eligible employee of the Consumer Products Group Facility at Greenville, Ohio that is represented by the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America (UAW) Local Union No. 2413. The following employees are not eligible: non-hourly employees, leased employees, independent contract employees, consultants, persons only serving as director and Tier 2 Greenville employees.

After May 22, 2011, no new Greenville employees can enter the plan.

Normal Retirement

Eligibility

Age 65 and five years following entry to the plan.

Benefit

A monthly amount equal to (1) minus (2):

- (1) \$38.50 multiplied by accrual service.
- (2) The actuarial value of the amount of any payments for loss of earnings under any program organized under State or Federal law to which FRAM Group Operations LLC has contributed unless such payments are fixed statutory payment for loss of use of any bodily member, Social Security payments, or payments/allowances for disabilities incurred in the military service of the United States, plus the benefit payable under any other qualified defined benefit plan contributed to by FRAM Group Operations LLC for a period of employment a participant received accrual service under this plan.

Early Retirement

Eligibility

Age 55.

Benefit

A monthly benefit equal to the normal retirement benefit multiplied by the applicable factor in the table below to reflect that early retirement date precedes normal retirement date.

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Age	Less than 30 Years of Vesting Service	30 or More Years of Vesting Service
65	100.0%	100.0%
64	97.0%	97.5%
63	94.0%	95.0%
62	91.0%	92.5%
61	88.0%	90.0%
60	85.0%	87.5%
59	82.0%	85.0%
58	79.0%	82.5%
57	76.0%	80.0%
56	73.0%	77.5%
55	70.0%	75.0%

Late Retirement
Benefit

Normal retirement benefit on late retirement date.

Medicare Rebate
Eligibility

Age 65 and enrolled in Medicare Part B or
Medicare+Choice.

Benefit

If you are an active participant on the date you begin receiving monthly retirement benefits, your monthly retirement benefit will be increased by \$20 beginning with the payment immediately following the date you reach age 65. Benefit is continued to eligible surviving spouse.

Vested Termination
Eligibility

Five years of vesting service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status assuming less than 30 years of vesting service.

Disability
Eligibility

Ten years of vesting service and totally and permanently disabled.

Benefit

A monthly amount equal to (1) plus (2):

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan For Bargaining Unit Employees of Fostoria And Greenville
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- (1) The accrued benefit on the date of disability payable to the earlier of recovery, death or retirement.
- (2) \$38.50 multiplied by accrual service (up to a maximum of 30 years), payable to the earlier of age 62 or the date eligible for unreduced Social Security benefits.

Surviving Spouse
Eligibility

Five years of vesting service.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity

Single life annuity.

Optional Forms of Annuity

50% joint and survivor annuity;
75% joint and survivor annuity;
Lump sum if the present value is less than \$10,000.

Actuarial Equivalence

Optional payment form conversion basis for survivorship annuities is determined in accordance with section 1.02 under "Actuarial Equivalent" in the plan document.

Optional payment form conversion basis for lump sum payments use the applicable interest rate and applicable mortality table as set forth in Code section 417 for lump sum payments.

Definitions

Accrual Service

One year of service is granted for each service period ending on or after May 9, 1976 in which a participant has worked 1,700 hours or more. Service prior to May 9, 1976 as determined under the provisions of the FRAM Corporation Employees' Retirement Plan is included.

Vesting Service

Employee is credited with one year of vesting service for each plan year where 1,000 hours of service are completed.

Tier 2 Employee

A Greenville employee who was not actively employed by FRAM Group Operations LLC as of July 29, 2011 or was hired by a predecessor employer on or after May 22, 2011.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan For Bargaining Unit Employees of Fostoria And Greenville
EIN: 80-0697545 PN: 002

Fostoria Employees

Effective Date

Restatement effective July 29, 2011.

Eligibility for Participation

An eligible employee of the Filter & Spark Plugs Facility at Fostoria, Ohio that is represented by the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America (UAW) Local Union No. 533 who has completed one year of service in which at least 1,000 hours were worked. The following employees are not eligible: non-hourly employees, leased employees and independent contract employees.

Fostoria Tier 2 bargained employees hired on or after November 1, 2011 will not be eligible to enter the plan.

Normal Retirement

Eligibility

Age 65 and five years following entry to the plan.

Benefit

A monthly amount equal to (1) minus (2):

- (1) Pension factor multiplied by accrual service as defined below where benefit class code is determined based on the job classification held for the greatest number of calendar days during the 24 consecutive months immediately before the last day worked, and is based on maximum straight-time hourly rate:

Class	Maximum Base Hourly Rate of	
	Job Classification	Pension Factor
A	\$20.79 or less	\$44.55
B	\$20.795–\$20.95	\$44.80
C	\$20.955–\$21.49	\$45.05
D	\$21.495 or more	\$45.30

- (2) The actuarial value of the amount of any payments for loss of earnings under any program organized under State or Federal law to which FRAM Group Operations LLC has contributed unless such payments are fixed statutory payment for loss of use of any bodily member, Social Security payments, or payments/allowances for disabilities incurred in the military service of the United States, plus the benefit payable under any other qualified defined benefit plan contributed to by FRAM Group

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan For Bargaining Unit Employees of Fostoria And Greenville
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Operations LLC for a period of employment a participant received accrual service under this plan.

Early Retirement
Eligibility

Age 60 and 10 years of vesting service.

Benefit

A monthly benefit equal to the normal retirement benefit multiplied by the applicable factor in the table below to reflect that early retirement date precedes normal retirement date. Date of termination multiplied by accrual service.

Age	Factor
62	100.0%
61	93.3%
60	86.7%

In addition, a supplemental benefit equal to \$45.15 multiplied by accrual service, payable to the earlier of age 62 and one month or the date when the participant becomes eligible for unreduced Social Security benefits.

Early Retirement (Rule of 85)
Eligibility

Age 55 and 85 points or 30 years of accrual service.

Benefit

A monthly benefit equal to the normal retirement benefit multiplied by the applicable factor in the table below to reflect that early retirement date precedes normal retirement date. Date of termination multiplied by accrual service.

Age	Factor
62	100.0%
61	93.3%
60	86.7%
59	80.8%
58	75.2%
57	69.4%
56	63.5%
55	57.9%
54	53.2%
53	48.9%
52	45.0%
51	41.5%
50	38.3%
49	35.4%
48	32.8%
47	30.4%
46	28.2%

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45	26.1%
44	24.3%
43	22.6%
42	21.0%

In addition, a supplemental benefit payable to the earlier of age 62 and one month or the date when the participant becomes eligible for unreduced Social Security benefits equal to (1) or (2):

- (1) \$2,762.50 less the reduced benefit for participants with 30 or more years of accrual service.
- (2) Pension factor shown below multiplied by accrual service for participants with less than 30 years of accrual service:

Age	Pension Factor
61	\$45.15
60	\$45.15
59	\$40.40
58	\$35.65
57	\$30.90
56	\$26.15
55	\$21.40

Late Retirement
Benefit

Normal retirement benefit on late retirement date.

Medicare Rebate
Eligibility

Age 65 and enrolled in Medicare Part B or Medicare+Choice or not yet age 65 and proof of enrollment in Medicare Part B or Medicare+Choice on approved form.

Benefit

If you are an active participant on the date you begin receiving monthly retirement benefits, your monthly retirement benefit will be increased by the lesser of \$64 or the Standard Medicare Part B premium, beginning with the payment immediately following the date you reach age 65. Benefit is continued to eligible surviving spouse.

Vested Termination
Eligibility

Five years of vesting service.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early

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retirement and shall be reduced by 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each month in excess of 60 that early retirement date precedes age 65.

Disability

Eligibility

Ten years of vesting service and totally and permanently disabled.

Benefit

A monthly amount equal to (1) plus (2):

- (1) The accrued benefit on the date of disability payable to the earlier of recovery, death or retirement.
- (2) \$47.55 multiplied by accrual service (up to a maximum of 30 years), payable to the earlier of age 62 or the date eligible for unreduced Social Security benefits.

Surviving Spouse

Eligibility

Five years of vesting service and married for one year.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 60% of the amount payable if the participant had retired early with a 60% joint and survivor benefit.

Normal Form of Annuity

Single life annuity.

Optional Forms of Annuity

60% joint and survivor annuity;
75% joint and survivor annuity;
Lump sum if the present value is less than \$10,000.

Actuarial Equivalence

Optional payment form conversion basis for survivorship annuities is determined in accordance with section 1.02 under "Actuarial Equivalent" in the plan document.

Optional payment form conversion basis for lump sum payments use the applicable interest rate and applicable mortality table as set forth in Code section 417 for lump sum payments.

Definitions

Accrual Service

One year of service is granted for each service period ending on or after January 1, 1973 in which a participant has worked 1,700 hours or more. Service prior to January 1, 1973 as determined under the provisions of the Ford Motor – UAW Retirement Plan is included.

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Vesting Service

Employee is credited with one year of vesting service for each plan year where 1,000 hours of service are completed.

Tier 2 Employee

Employed at the Filters & Spark Plugs Facility at Fostoria, OH, represented for collective bargaining and hired on or after January 19, 2004.

Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any plan changes.

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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

RETIREMENT PLAN FOR BARGAINING UNIT
EMPLOYEES OF FOSTORIA AND GREENVILLE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2017

Name of plan sponsor: FRAM Group Operations LLC
Employer identification number: 80-0697545
Three-digit plan number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Dimensional Fund	Intermediate Term		
	Advisors LP	Extended Quality Fund	\$ 7,391,891	\$ 7,392,167
	PIMCO	Extended Duration Fund	16,304,974	15,319,238
	PIMCO	Long Duration Total Return Fund	24,286,227	22,554,606
*	Northern Trust Company	Northern Trust Collective Short-Term Investment Fund	<u>147,545</u>	<u>147,545</u>
			<u>\$ 48,130,637</u>	<u>\$ 45,413,556</u>

* Denotes a party-in-interest

See the independent auditor's report.

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Retirement Plan For Bargaining Unit Employees of Fostoria And Greenville
EIN: 80-0697545 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return on assets from 3.50% to 3.97%.