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

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ___

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CLOPAY AMES PENSION PLAN

1b Three-digit plan number (PN) ▶ 410

1c Effective date of plan 01/14/2002

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)
THE AMES COMPANIES, INC.

465 RAILROAD AVENUE
CAMP HILL, PA 17011

2b Employer Identification Number (EIN)
22-2335400

2c Plan Sponsor's telephone number
717-730-2508

2d Business code (see instructions)
333310

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.	09/28/2018	TINA FINZEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2018	CHRIS EBLING
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

THE AMES COMPANIES, INC.

465 RAILROAD AVENUE
CAMP HILL, PA 17011

3b Administrator's EIN: 22-2335400

3c Administrator's telephone number: 717-730-2508

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**	4099
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)**	881
a(2) Total number of active participants at the end of the plan year	**6a(2)**	825
b Retired or separated participants receiving benefits	**6b**	1566
c Other retired or separated participants entitled to future benefits	**6c**	1349
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3740
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	308
f Total. Add lines **6d** and **6e**.	**6f**	4048
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 1I

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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
CLOPAY AMES PENSION PLAN

B Three-digit plan number (PN) ▶ 410

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE AMES COMPANIES, INC.

D Employer Identification Number (EIN)
22-2335400

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	145167951
b Actuarial value	**2b**	149200626

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	1841	102656178	102656178
b For terminated vested participants	1397	28086179	28086179
c For active participants	881	20388921	20592598
d Total	4119	151131278	151334955

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**	5.84 %
6 Target normal cost	**6**	1960000

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 — Date: 09/26/2018

THOMAS A. SWAIN, F.S.A. — Type or print name of actuary

17-03988 — Most recent enrollment number

FINDLEY — Firm name

615-665-1640 — Telephone number (including area code)

5301 VIRGINIA WAY, SUITE 400
BRENTWOOD, TN 37027-7542

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 6.67 %	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)		1404508
	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 6.03%		84692
	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		1489200
	d Portion of (c) to be added to prefunding balance		1489200
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	1489200

Part III Funding Percentages

14	Funding target attainment percentage	14	97.60%
15	Adjusted funding target attainment percentage	15	98.58%
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	99.64%
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
01/12/2018	504914	0			
09/15/2018	661580	0			
			Totals ► 18(b)	1166494	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	1076371

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	1960000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	3623529	605571
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**	2565571

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1489200	1489200

36 Additional cash requirement (line 34 minus line 35)	**36**	1076371
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1076371
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
CLOPAY AMES PENSION PLAN

B Three-digit plan number (PN) ▶ 410

C Plan sponsor's name as shown on line 2a of Form 5500
THE AMES COMPANIES, INC.

D Employer Identification Number (EIN)
22-2335400

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

OAKMARK

04-3276558

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

T ROWE PRICE

52-2264646

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

HARBOR

04-2679462

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

JP MORGAN

13-2624428

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

LAZARD

20-4571006

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

METROPOLITAN WEST

95-4597302

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

OPPENHEIMER FUNDS

13-2527171

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

ALPS

84-0996383

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

AMERICAN CENTURY INVESTMENTS

44-6006315

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

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

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

(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 15 19 21 38 50	NONE	331032	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WHARTONHILL ADVISORS

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	5897	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO BANK, N.A.

94-1347393

(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 19 21 38 62	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

WELLS FARGO BANK, N.A.

94-1347393

(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 19 21 38 59 63	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
CLOPAY AMES PENSION PLAN

B Three-digit plan number (PN) ▶ 410

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE AMES COMPANIES, INC.

D Employer Identification Number (EIN)
22-2335400

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: WELL FARGO GROWTH CIT CLASS F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
46-6139057-001	C	6334847

a Name of MTIA, CCT, PSA, or 103-12 IE: LIABILITY DRIVEN SOLUTION CIT I F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
30-6225619-001	C	4841275

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/BLACKROCK S&P 500 INDEX

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
94-3224211-001	C	18038441

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO MFS VALUE CIT F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
45-6648640-001	C	6351333

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO MULTI-MANAGER SMALL CAP

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
45-6648658-001	C	10642229

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/DODGE&COX INTERMEDIATE BOND CITF

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
47-6566265-001	C	10188272

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK SHORT TERM INVESTMENT

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
41-6292499-001	C	27451596

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/VOYA LARGE CAP GROWTH CIT F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 82-6249680-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6332855

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

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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 01/01/2017 and ending 12/31/2017

A Name of plan
CLOPAY AMES PENSION PLAN

B Three-digit plan number (PN) ▶ 410

C Plan sponsor's name as shown on line 2a of Form 5500
THE AMES COMPANIES, INC.

D Employer Identification Number (EIN)
22-2335400

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	587
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3746863	1166494
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16838	32048
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	25743727	27451596
(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)	5808017	5847410
(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)	52216246	62729253
(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)	57752484	55316413
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	145284175	152543801
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	12722	11061
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	12722	11061
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	145271453	152532740

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)	1166494	
	(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)		1166494
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	302495	
	(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)		302495
	(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)	999120	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		999120
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	12598091	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12598091	
	(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)	39393	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		39393

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9785317
(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)		7163946
c Other income	2c		73177
d Total income. Add all **income** amounts in column (b) and enter total	2d		19529942
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10374016	
(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)		10374016
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)	836	
(2) Contract administrator fees	2i(2)	1850999	
(3) Investment advisory and management fees	2i(3)	5897	
(4) Other	2i(4)	36907	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1894639
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12268655
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7261287
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: RKL LLP **(2)** EIN: 23-2108173

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:

		Yes	No	Amount
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.)	4a		X	
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.)	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		20000000
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 4058818. (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
CLOPAY AMES PENSION PLAN

B Three-digit plan number (PN) ▶ 410

C Plan sponsor's name as shown on line 2a of Form 5500
THE AMES COMPANIES, INC.

D Employer Identification Number (EIN)
22-2335400

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): 41-6257133

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** 3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **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**

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): _____

---

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: 4.2 % Investment-Grade Debt: 9.8 % High-Yield Debt: 66.6 % Real Estate: 1.2 % Other: 18.2 %

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):

Clopay Ames Pension Plan

Financial Statements and Supplemental Schedules

December 31, 2017 and 2016

FOCUSED. ON YOU.

Clopay Ames Pension Plan

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December 31, 2017 and 2016

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FOCUSED. ON YOU.

Independent Auditor's Report

To the Plan Administrator and Participants
Clopay Ames Pension Plan
Camp Hill, Pennsylvania

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Clopay Ames Pension Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified or provided by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing this 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 assets and executes transactions. The Plan Administrator has obtained certifications 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.

3501 Concord Road, Suite 250, P.O. Box 21439, York, PA 17402 Main: 717.843.3804 Fax: 717.854.0533 RKLcpa.com

Disclaimer of Opinion

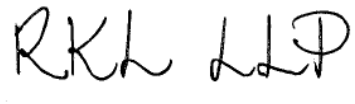
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2017 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. 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 or provided 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.



September 13, 2018
York, Pennsylvania

Clopay Ames Pension Plan

Statement of Net Assets Available for Benefits

	December 31, 2017	2016
Assets		
Investments, at Fair Value		
Cash	**$ 587**	$ -
Money market fund	**27,451,596**	25,743,727
Mutual funds	**55,316,413**	57,752,484
Common/collective trust funds	**62,729,253**	52,216,246
Other	**5,847,410**	5,808,017
	151,345,259	141,520,474
Receivables		
Employer contributions	**1,166,494**	3,746,863
Accrued interest	**32,048**	16,838
	1,198,542	3,763,701
Total Assets	**152,543,801**	145,284,175
Liabilities		
Accrued Expenses		
Accrued administrative expenses	**11,061**	12,722
Net Assets Available for Benefits	**$ 152,532,740**	$ 145,271,453

See accompanying notes.

Clopay Ames Pension Plan

Statement of Changes in Net Assets Available for Benefits

	Years Ended December 31, 2017	2016
Additions		
Investment income		
Net appreciation in fair value of investments	**$ 16,988,656**	$ 8,091,203
Interest and dividends	**1,301,615**	1,022,492
Other income	**73,177**	125,224
	18,363,448	9,238,919
Employer contributions	**1,166,494**	3,746,863
Total Additions	**19,529,942**	12,985,782
Deductions		
Benefits paid to participants	**10,374,016**	10,489,189
Administrative expenses	**1,894,639**	1,847,528
Total Deductions	**12,268,655**	12,336,717
Net Increase	**7,261,287**	649,065
Net Assets Available for Benefits at Beginning of Year	**145,271,453**	144,622,388
Net Assets Available for Benefits at End of Year	**$ 152,532,740**	$ 145,271,453

See accompanying notes.

Note 1 - Description of Plan

The following description of the Clopay Ames Pension Plan (the Plan) provides only general information. Participants should refer to the plan agreement for more complete information.

General

The Plan is a noncontributory defined benefit pension plan, which includes all The Ames Companies, Inc. (Ames) employees with the exception of hourly employees of the Reno, Bernie, and Falls City facilities and employees of Clopay Corporation (Clopay) with a benefit earned under the former Clopay Pension Plan (Clopay Plan). Ames and Clopay will collectively be referred to as the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Information about the plan agreement and the vesting and benefit provisions is contained in the plan document. Copies of the plan document are available from the Company's Plan Administrator.

The Ames Companies, Inc. Pension Plan (Ames Plan)

Effective May 1, 2005, the Ames Plan was amended to cover Lewistown, Pennsylvania hourly employees. Effective May 16, 2006, the Ames Plan was amended to include non-highly compensated salaried employees at the Ames's Bernie, Missouri facility retroactive to January 1, 2004. In addition, certain amendments were made to the Ames Plan in 2006 to reflect the terms of collective bargaining agreements covering certain participants.

Effective May 31, 2008, except for the collectively bargained participants of the Jackson and Union City locations, the Ames Plan was frozen. Effective June 30, 2008, the Ames Plan was frozen for the collectively bargained participants at the Union City location. Effective December 31, 2009, the Ames Plan was frozen for the collectively bargained participants at the Jackson location. Employees not meeting the participation requirements by the applicable freeze date will not be eligible to participate in the Ames Plan. Benefit accruals for participants of the Ames Plan ceased as of the applicable freeze date. Beginning after the applicable freeze date, Ames provided certain participants in the Ames Plan with enhanced matching contributions under an existing 401(k) defined contribution plan (401(k) Plan). The eligibility for and amount of enhanced matching contributions under the 401(k) Plan was determined by an employee's combined years of benefit service accrued under the Ames Plan and age as of December 31, 2008.

Clopay Pension Plan (Clopay Plan)

Effective January 1, 1968, Clopay originally established the Clopay Corporation Salaried Employee Pension Plan (the Salaried Plan). Effective December 31, 1987, Clopay ceased benefit accruals under the Salaried Plan. Effective February 28, 1988, Clopay terminated the Salaried Plan, used assets thereof to purchase an annuity contract for benefits accrued thereunder and received excess assets therefrom. Clopay reestablished the Salaried Plan effective March 1, 1988.

Note 1 - Description of Plan (continued)

Clopay Pension Plan (Clopay Plan) (continued)

Effective January 1, 1975, Clopay originally established the Clopay Corporation Augusta Plan Pension Plan for Hourly Paid Employees (the Augusta Plan). Effective January 1, 1976, Clopay originally established the Clopay Corporation Hialeah Plant Pension Plan for Hourly Paid Employees (the Hialeah Plan) and the Clopay Corporation Russia Plant Pension Plan for Hourly Paid employees (the Russia Plan). Effective January 1, 1989, Clopay merged the Hialeah Plan and Russia Plan to form the Clopay Corporation Hialeah and Russia Plants Pension Plan for Hourly Paid Employees (the Hialeah/Russia Plan).

Effective December 31, 2000, Clopay amended the Salaried Plan, Augusta Plan, and Hialeah/Russia Plan to cease benefit accruals thereunder and merge the Augusta Plan and Hialeah/Russia Plan into the Salaried Plan. Effective January 1, 2001, Clopay renamed the Salaried Plan as the Clopay Pension Plan and amended the Clopay Plan to provide a new transition benefit for certain participants of the Salaried Plan.

Pension Benefits

The amount of benefit, as defined in the plan document, depends upon, among other things, the years of service of the participant and/or the participant's compensation during the service periods, in which division of the Company the employee works, whether the employee is covered under collectively bargained employment contracts, and whether the employee is hourly or salaried.

An amendment to the Plan was adopted in 2012, which stated that from October 15, 2012 through November 30, 2012, certain participants and beneficiaries could elect to receive their benefit in an immediate lump-sum payment. To be eligible for this election, participants and beneficiaries had to meet each of the following three conditions. First, they must have terminated employment prior to October 15, 2012 and not yet commenced payments. Second, they must have been 100% vested as of the date of their termination of employment. Third, the lump-sum value of their accrued benefit could not be more than $50,000 (based on the Plan's definition of actuarial equivalence). The eligible participants had to provide notification of their election to receive this lump-sum payment no later than November 30, 2012.

Should the Plan terminate at some future time, its assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Upon termination of service other than by death, disability, or retirement, a participant will generally receive an automatic lump-sum payment if the total of their vested benefit does not exceed $1,000. If the vested benefit exceeds $1,000, the assets will remain in the Plan until the participant's early or normal retirement date.

Note 1 - Description of Plan (continued)

Death and Disability Benefits

If a participant with a vested benefit dies prior to their benefit commencement date, their surviving spouse, if married at least one year, will be eligible for a death benefit based on the participant's vested interest in the Plan. If an active participant who has accrued the required years of vesting or benefit service based on the Plan formula becomes disabled according to the Plan, they will be eligible for a disability benefit.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

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

Common/Collective Trust and Mutual Fund Fees

Net investment returns reflect certain fees paid by the common/collective trust and mutual funds to their affiliated investment advisors, transfer agents, and others as further described in each fund prospectus or other published documents. These fees are deducted prior to allocation of the Plan's investment earnings activity and thus not separately identifiable as an expense.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by the participants as of the valuation date based on the Projected Unit Credit Actuarial Cost Method. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits for retired or terminated participants or their beneficiaries are based on credited service earned to the applicable freeze date. The accumulated plan benefits for active participants was based on credited service to date of valuation. Benefits payable under all circumstances (death, disability, retirement, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Note 2 - Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

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

Note 3 - Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement and Disclosures,* provides the framework for measuring fair value. The guidance establishes a fair value hierarchy that is intended to increase consistency and comparability in fair value measurements and related disclosures. The fair value hierarchy is based on inputs to valuation techniques that are used to measure fair value that are either observable or unobservable. Observable inputs reflect assumptions market participants would use in pricing an asset or liability based on market data obtained from independent sources while unobservable inputs reflect a reporting entity's pricing based upon their own market assumptions. The fair value hierarchy consists of the following three levels:

Level 1 - Inputs are quoted prices in active markets for identical assets or liabilities.

Level 2 - Inputs are quoted prices for similar assets or liabilities in an active market, quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable and market-corroborated inputs, which are derived principally from or corroborated by observable market data.

Level 3 - Inputs are derived from valuation techniques in which one or more significant inputs or value drivers are unobservable.

Note 3 - Fair Value Measurements (continued)

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

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

The fair values of the money market fund and mutual funds are based on quoted net asset values of the shares held by the Plan at year end.

The common/collective trust funds are valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. The underlying investments consist solely of mutual funds with no unfunded commitments or redemption restrictions.

The fair value of the other investment, Blue Rock Capital Fund, L.P., is based on a monthly net asset valuation of the underlying funds, which is valued by an independent, third-party administrator, as well as directly valuing the one separate account the fund controls. In this case, NAV is used as a practical expedient to estimate fair value. The underlying securities of these investment funds are typically Level 1 securities valued at their closing price on a recognized exchange. The investment objective is to provide capital appreciation while limiting exposure to market rise. There are no unfunded commitments. Other than general language surrounding general redemption restrictions in market crisis type environments (i.e. the closure of a recognized exchange precluding valuation), there are no redemption restrictions or gates.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management 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.

Note 3 - Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	Fair Value Measurements at December 31, 2017			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	**Significant Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**	**Total**
Cash	**$ 587**	**$ -**	**$ -**	**$ 587**
Money market fund	**27,451,596**	**-**	**-**	**27,451,596**
Mutual funds	**55,316,413**	**-**	**-**	**55,316,413**
	$ 82,768,596	**$ -**	**$ -**	
Investments measured at net asset value [(1)]				**68,576,663**
				$ 151,345,259

	Fair Value Measurements at December 31, 2016			
Money market fund	$ 25,743,727	$ -	$ -	$ 25,743,727
Mutual funds	57,752,484	-	-	57,752,484
	$ 83,496,211	$ -	$ -	
Investments measured at net asset value [(1)]				58,024,263
				$ 141,520,474

(1) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Note 3 - Fair Value Measurements (continued)

Changes in Fair Value Levels (continued)

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2017 and 2016, there were no transfers in or out of Level 3.

Note 4 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits presented below is determined by an actuary from BPS&M, LLC, a Wells Fargo Company, as of January 1, 2017, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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, retirement, or withdrawal) between the valuation date and the expected date of payment.

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

Actuarial Present Value of Accumulated Plan Benefits	
Retired participants and beneficiaries	$ 102,956,023
Other participants	20,560,062
Total Vested Benefits	123,516,085
Nonvested benefits	228,579
Total Actuarial Present Value of Accumulated Plan Benefits	$ 123,744,664

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

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$ 123,584,117
Increase (Decrease) During the Year Attributable to	
Interest	8,882,575
Changes in assumptions	1,578,013
Benefits accumulated	189,148
Benefits paid	(10,489,189)
Net Increase	160,547
Actuarial Present Value of Accumulated Plan Benefits at End of Year	$ 123,744,664

Note 4 - Accumulated Plan Benefits (continued)

The significant actuarial assumptions used in the valuation as of January 1, 2017 are as follows:

Mortality table	130% of the RP-2014 Blue Collar Mortality Table adjusted to 2006 with fully generational mortality improvement using the MP-2015 projection scale	
Interest rate	7.50%	
Retirement rates	Clopay	Ames
Ages 55 to 60	3%	10%
Age 61	5%	15%
Age 62	20%	25%
Age 63	5%	20%
Age 64	5%	25%
Age 65	33%	25%
Age 66	25%	25%
Ages 67 to 69	50%	50%
Age 70 or greater	100%	100%

The significant actuarial assumptions used in the valuation as of January 1, 2016 are as follows:

Mortality table	130% of the sex-distinct RP-2014 Blue Collar Mortality Table
Interest rate	8%
Retirement rates	
Age 60	20%
Age 61	35%
Age 62	45%
Age 63 - 64	25%
Age 65 or greater	100%

Eligible participants in the Clopay Plan are assumed to all retire at the age of 65.

The actuarial assumptions used by the Plan was determined as of the beginning of the plan year based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 5 - Information Certified and Provided by Wells Fargo Bank, N.A.

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2017 and 2016. Under that section, no auditing procedures are required to be performed with respect to the information certified by Wells Fargo Bank, N.A., the trustee of the Plan. Wells Fargo Bank, N.A. has certified the completeness and accuracy of all investments and accrued interest reported in the accompanying statement of net assets available for benefits as of December 31, 2017 and 2016, and the supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2017 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2017, and the related investment activity reported in the statement of changes in net assets available for benefits for the years ended December 31, 2017 and 2016.

Note 6 - Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter, dated September 16, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Administrator and the Plan's advisors believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan 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 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 years prior to 2014.

Note 7 - Related Party Transactions and Party-in-Interest Transactions

Certain plan investments are managed by Wells Fargo Bank, N.A., the trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management and custody services amounted to $336,929 and $395,214 for the years ended December 31, 2017 and 2016, respectively. All other transactions, which may be considered parties-in-interest transactions, relate to normal plan management, investment and administrative services, and the related payment of fees.

Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Note 8 - Risks and Uncertainties

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

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

Note 9 - Funding Policy

The Company's funding policy is to make annual contributions to the Plan as determined by the Plan's independent actuary in amounts necessary to provide the Plan with assets sufficient to fund participants' benefits by the time they retire. No participant contributions are permitted. The minimum funding requirements of ERISA were met for 2017 and 2016.

Note 10 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and the IRC.

In the event that the Company voluntarily takes steps to terminate the Plan in a standard termination, all liabilities under the Plan will be paid by the Plan and the Plan must have assets sufficient to pay all of the benefit liabilities. If assets are not sufficient to satisfy all benefit liabilities, the Company will be required to contribute an amount sufficient to enable the Plan to satisfy all benefit liabilities.

In the event that the Plan is terminated in a distress or involuntary termination and assets are not sufficient to pay all benefit liabilities, Plan assets will be distributed in accordance with the requirements of ERISA in the following order:

1. Accrued benefits attributable to voluntary contributions, if any;

2. Accrued benefits attributable to mandatory contributions, if any;

3. Benefits that were being paid or could have been paid (i.e., payable if the participant actually retired or could have retired) as of the beginning of the three-year period ending on the termination date based on the terms of the Plan in effect during the five years before the termination under which the benefit would be the least;

4. All other benefits guaranteed by the PBGC;

Note 10 - Plan Termination (continued)

5. Benefits that would be provided if ERISA Section 4022(b)(5)(B) didn't apply (i.e., benefits for majority owners as defined in ERISA Section 4022(b)(5)(A));

6. All other vested benefits; and

7. All other benefits under the Plan.

In the event that there are insufficient assets to provide all benefits within one of the above groups, the remaining assets will be allocated pro rata among the participants or beneficiaries within that group on the basis of the present value of such benefits.

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

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a ceiling, which is adjusted periodically, on the amount of monthly benefit that the PBGC guarantees.

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 for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

Note 11 - Subsequent Events

Plan management has evaluated subsequent events through September 13, 2018. This date is the date the financial statements were available to be issued. No material events subsequent to December 31, 2017 were noted.

Clopay Ames Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-2335400, Plan Number: 410
December 31, 2017

(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
	Cash			
	Cash	Cash	**$ 587**	**$ 587**
	Money Market Fund			
*	Wells Fargo Funds	Wells Fargo Short-Term Investment Fund F	**27,451,596**	**27,451,596**
	Common/Collective Trust Funds			
*	Wells Fargo Funds	Wells Fargo/BlackRock S & P 500 Index CIT Fund F	**8,199,200**	**18,038,441**
*	Wells Fargo Funds	Wells Fargo Multi-Manager Small Cap	**5,583,281**	**10,642,229**
*	Wells Fargo Funds	Wells Fargo Dodge & Cox Intermediate	**9,338,620**	**10,188,272**
*	Wells Fargo Funds	Wells Fargo/MFS Value CIT F	**4,195,985**	**6,351,333**
*	Wells Fargo Funds	Wells Fargo Growth CIT Class F	**3,671,138**	**6,334,847**
*	Wells Fargo Funds	Wells Fargo Voya Large Cap Growth CIT F	**5,710,119**	**6,332,856**
*	Wells Fargo Funds	Wells Fargo Liability Driven Solution I	**4,110,132**	**4,841,275**
			40,808,475	**62,729,253**
	Mutual Funds			
	Metropolitan West Funds	Metropolitan West Total Return Bond M	**10,040,822**	**10,179,935**
	Oakmark	Oakmark International Fund	**6,800,115**	**7,649,698**
	Harbor	Harbor International Instl	**6,377,301**	**7,599,957**
	T. Rowe Price	T. Rowe Price Equity Fund	**6,073,945**	**6,334,114**
	OppenheimerFunds	Oppenheimer International Bond	**4,710,670**	**4,532,480**
	JPMorgan	JPMorgan Mid Cap Value	**2,876,581**	**3,777,761**
	JPMorgan	JPMorgan Mid Cap Growth	**3,192,935**	**3,768,528**
	Alps	Alps/CoreCommodity Management Complete Commodities Strategy Fund Class I	**3,621,862**	**3,450,979**
	American Century Investments	American Century Alternatives Equity Market Fund Class Inv#108	**3,396,432**	**3,403,411**
	Lazard	Lazard Emerging Markets Equity Instl	**2,028,689**	**2,770,012**
	T. Rowe Price	T. Rowe Price Real Estate	**1,488,009**	**1,849,538**
			50,607,361	**55,316,413**
	Other			
	Blue Rock Advisors	Blue Rock Capital Fund, L.P.	**5,250,000**	**5,847,410**
	Total Assets (Held at End of Year)		**$ 124,118,019**	**$ 151,345,259**

The above information has been certified by Wells Fargo Bank, N.A., the trustee, as complete and accurate.

* Represents a party-in-interest.

Clopay Ames Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 22-2335400, Plan Number: 410
Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Series Transactions					
	Wells Fargo Funds					
*	Wells Fargo Short-Term Investment Fund F	**$ 14,305,962 (138)**	**$ -**	**$ 14,305,962**	**$ 14,305,962**	**$ -**
*	Wells Fargo Short-Term Investment Fund F		**$ 12,598,093 (106)**	**$ 12,598,093**	**$ 12,598,093**	**$ -**
	Single Transactions					
	No transactions qualify					

The above information has been certified by Wells Fargo Bank, N.A., the trustee, as complete and accurate.

* Represents a party-in-interest.

"Lease Rental" and "Expense Incurred with Transaction" are not applicable.

	Years of Credited Service										
Attained Age	**Under 1**	**1 – 4**	**5 – 9**	**10 – 14**	**15 – 19**	**20 – 24**	**25 – 29**	**30 – 34**	**35 –39**	**Over 39**	**Total**
Under 25											
25 – 29				1							**1**
30 – 34			4	4	2						**10**
35 – 39			1	30	33	5					**69**
40 – 44			1	24	37	41	6				**109**
45 – 49			2	20	36	36	60	8			**162**
50 – 54			2	17	29	29	41	62	2		**182**
55 – 59			2	10	30	37	44	33	28	2	**186**
60 – 64				21	14	27	12	23	11	23	**131**
65 – 69				4	3	7	4	4	1	6	**29**
Over 69				2							**2**
Total			**12**	**133**	**184**	**182**	**167**	**130**	**42**	**31**	**881**

Summary of Actuarial Assumptions

Interest Rates

Minimum Funding: (adjusted under MAP-21)	4.16% for the first 5 years; 5.72% for the next 15 years; and 6.48% thereafter
Maximum and PBGC: (prior to MAP-21)	1.52% for the first 5 years; 3.80% for the next 15 years; and 4.79% thereafter
ASC 960:	7.50% per year

Salary Increases

Not applicable.

Mortality Rates

Funding and PBGC: IRS 2017 Static Mortality Table with mortality improvement projected after year 2000 under Projection Scale AA to 15 years beyond the valuation date for non-annuitants and to 7 years beyond the valuation date for annuitants

ASC 960: 130% of the RP-2014 Blue Collar Mortality Table adjusted to 2006 with fully generational mortality improvement using the MP-2015 projection scale

Rates of Retirement

Eligible participants are assumed to retire based on the following:

Age	Clopay	Ames
55 – 60	3%	10%
61	5%	15%
62	20%	25%
63	5%	20%
64	5%	25%
65	33%	25%
66	25%	25%
67	50%	50%
68	50%	50%
69	50%	50%
70	100%	100%

Withdrawal Rates

Clopay: Sarason T-4 Table

Ames: Sarason T-10 Table

Disability Rates

None assumed.

Commencement Dates and Forms of Payment

100% of retiring or terminating participants are assumed to elect a Life Annuity.

Spouses of deceased employees are assumed to elect a Life Annuity commencing at the earliest available date.

Percentage Married

80% of participants are assumed to be married with husbands assumed to be 1 year older than wives.

Mortality Improvement

The mortality tables for Funding purposes include mortality improvement projected after year 2000 under Projection Scale AA to 15 years beyond the valuation date for non-annuitants and to 7 years beyond the valuation date for annuitants.

The mortality tables for ASC 960 include fully generational mortality improvement using the MP-2015 projection scale.

Maximum Limitations

The maximum annual benefit limitation and the annual compensation limit are assumed to remain at their current levels.

Expenses

Prior year's expenses excluding PBGC premium plus current year PBGC premium.

At-Risk Assumptions

At-Risk liabilities are calculated using the assumptions outlined above, modified to assume that all participants who are eligible to commence benefits within the next 11 years elect to do so as soon as eligible (but no earlier than the end of the current plan year).

Summary of Actuarial Methods

Actuarial Cost Method

All liabilities and normal costs shown in this report are calculated based on the Traditional Unit Credit method as described in IRC Section 430 and relevant proposed regulations. This method is prescribed for funding, PBGC, and ASC 960 calculations.

Under the Traditional Unit Credit method, the liability is the present value of all benefits that have been accrued or earned under the plan as of the first day of the plan year. The normal cost is the present value of all benefits that are expected to accrue or be earned during the plan year, including any expected increase in compensation during the year.

Asset Valuation Method

As selected by the plan sponsor, the actuarial value of assets is equal to the average of the market value of assets as of the valuation date and the adjusted market value of assets for the prior two years. The adjusted market value of assets as of a prior determination date is the market value of assets as of that date adjusted for contributions, benefit payments, expenses, and expected earnings for periods after the determination date but prior to the current valuation date. The expected earnings assumption is limited to the third segment rate for the prior plan year. In no event will the actuarial value of assets be less than 90%, or greater than 110% of the current market value of assets.

Miscellaneous

The limitations under IRC Sections 401(a)(17) and 415(b) have been taken into account in our calculations.

Any actual or potential limitations under IRC Section 436 have not been taken into account for any purpose.

To the best of our knowledge, all benefits payable from the plan, including retirement-type and ancillary benefits, have been incorporated into our calculations.

No liability is included for participants who terminated without vested benefits prior to the first day of the plan year.

No liability is included for any employees who are not yet participants as of the first day of the plan year.

Clopay Ames Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 22-2335400, Plan Number: 410
Year Ended December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Series Transactions					
	Wells Fargo Funds					
*	Wells Fargo Short-Term Investment Fund F	**$ 14,305,962 (138)**	**$ -**	**$ 14,305,962**	**$ 14,305,962**	**$ -**
*	Wells Fargo Short-Term Investment Fund F		**$ 12,598,093 (106)**	**$ 12,598,093**	**$ 12,598,093**	**$ -**
	Single Transactions					
	No transactions qualify					

The above information has been certified by Wells Fargo Bank, N.A., the trustee, as complete and accurate.

* Represents a party-in-interest.

"Lease Rental" and "Expense Incurred with Transaction" are not applicable.

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

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
CLOPAY AMES PENSION PLAN

B Three-digit plan number (PN) ▶ 410

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE AMES COMPANIES, INC.

D Employer Identification Number (EIN)
22-2335400

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	145,167,951
b Actuarial value	**2b**	149,200,626

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	1,841	102,656,178	102,656,178
b For terminated vested participants	1,397	28,086,179	28,086,179
c For active participants	881	20,388,921	20,592,598
d Total	4,119	151,131,278	151,334,955

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**	5.84%
6 Target normal cost	**6**	1,960,000

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

Thomas A. Swain FAS
Signature of actuary

9/24/18
Date

THOMAS A. SWAIN, F.S.A.
Type or print name of actuary

1703988
Most recent enrollment number

FINDLEY
Firm name

615-665-1640
Telephone number (including area code)

5301 VIRGINIA WAY, SUITE 400
BRENTWOOD TN 37027-7542
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 6.67%	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)		1,404,508
	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 6.03%		84,692
	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		1,489,200
	d Portion of (c) to be added to prefunding balance		1,489,200
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	1,489,200

Part III Funding Percentages

14	Funding target attainment percentage	14	97.60%
15	Adjusted funding target attainment percentage	15	98.58%
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	99.64%
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
01/12/2018	504,914	0			
09/15/2018	661,580	0			
		Totals ▶ 18(b)		1,166,494	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	1,076,371
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?		[X] Yes [ ] No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		[X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	1,960,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3,623,529	605,571
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**	2,565,571

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,489,200	1,489,200

36 Additional cash requirement (line 34 minus line 35)	**36**	1,076,371
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,076,371
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**	

Attachment to 2017 Form 5500,
Schedule SB, line 22
Description of Weighted Average Retirement Age

Clopay Ames Pension Plan
Plan Year: 2017
EIN/PN: 22-2335400/410

Table 1: Ames

Age	Assumed Rate of Retirement	Sample Population	Number Retiring	Weighted Average Retirement Age*
47	0.00	100,000	0	0
48	0.00	100,000	0	0
49	0.00	100,000	0	0
50	0.00	100,000	0	0
51	0.00	100,000	0	0
52	0.00	100,000	0	0
53	0.00	100,000	0	0
54	0.00	100,000	0	0
55	0.10	100,000	10,000	550,000
56	0.10	90,000	9,000	504,000
57	0.10	81,000	8,100	461,700
58	0.10	72,900	7,290	422,820
59	0.10	65,610	6,561	387,099
60	0.10	59,049	5,905	354,294
61	0.15	53,144	7,972	486,269
62	0.25	45,172	11,293	700,174
63	0.20	33,879	6,776	426,880
64	0.25	27,103	6,776	433,656
65	0.25	20,328	5,082	330,324
66	0.25	15,246	3,811	251,554
67	0.50	11,434	5,717	383,049
68	0.50	5,717	2,859	194,383
69	0.50	2,859	1,429	98,621
70	1.00	1,429	1,429	100,050
		Total	100,000	6,084,871
			Average	61

*The weighted average retirement age is calculated as age times the number retiring.

Table 2: Clopay

Age	Assumed Rate of Retirement	Sample Population	Number Retiring	Weighted Average Retirement Age*
47	0.00	100,000	0	0
48	0.00	100,000	0	0
49	0.00	100,000	0	0
50	0.00	100,000	0	0
51	0.00	100,000	0	0
52	0.00	100,000	0	0
53	0.00	100,000	0	0
54	0.00	100,000	0	0
55	0.03	100,000	3,000	165,000
56	0.03	97,000	2,910	162,960
57	0.03	94,090	2,823	160,894
58	0.03	91,267	2,738	158,805
59	0.03	88,529	2,656	156,697
60	0.03	85,873	2,576	154,572
61	0.05	83,297	4,165	254,056
62	0.20	79,132	15,826	981,241
63	0.05	63,306	3,165	199,413
64	0.05	60,141	3,007	192,450
65	0.33	57,134	18,854	1,225,515
66	0.25	38,279	9,570	631,611
67	0.50	28,710	14,355	961,772
68	0.50	14,355	7,177	488,063
69	0.50	7,177	3,589	247,620
70	1.00	3,589	3,589	251,209
		Total	100,000	6,391,880
			Average	64

*The weighted average retirement age is calculated as age times the number retiring.

A. Ames Active Participants	357
B. Ames Weighted Average Retirement Age	61
C. Clopay Active Participants	524
D. Clopay Retirement Age	64
E. Weighted Average Retirement Age ((A*B + C*D)/(A+C)	63

Summary of Plan Provisions - Clopay

Covered Employees

Participants in the former Salaried Plan, Augusta Plan, or Russia/Hialeah Plan as of December 31, 2000. No new participants will enter the plan after December 31, 2000.

Definitions

Transition Participant:	Employees (i) who attained age 41 prior to January 1, 2001 and (ii) whose sum of whole years of age and whole years of Credited Service as of January 1, 2001 is at least 47.
Vesting Service:	Elapsed time; one year of service is earned for each consecutive 12 month period. Fractional years of Vesting Service will be credited to the completed month.
Credited Service:	Elapsed time; one year of service is earned for each consecutive 12 month period. Fractional years of Credited Service will be credited to the completed month. For Non-Transition Participants, no Credited Service will be earned after December 31, 2000. For Transition Participants, no Credited Service will be earned after December 31, 2010.
Normal Retirement Date:	The first day of the calendar month coincident with or next following the later of age 65 and the 5th anniversary of participation in the plan.
Early Retirement Date:	Any Participant who has earned at least 10 years of Vesting Service may elect early retirement on the first day of any calendar month on or after age 55.

Annual Benefits Paid Upon the Following Events

Normal Retirement Benefit:	Non-Transition Participant: The frozen Normal Retirement Benefit as of December 31, 2000 as provided under the former Salaried Plan, Augusta Plan, or Russia/Hialeah Plan. Benefit accruals ceased effective December 31, 2000.
Transition Participant:	The sum of (i) the frozen Normal Retirement Benefit as of December 31, 2000 as provided under the former Salaried Plan, Augusta Plan, or Russia/Hialeah Plan and (ii) the Transition Benefit. Benefit accruals ceased effective December 31, 2010.
Transition Benefit:	The Transition Benefit is the lesser of (a) and (b).

(a) The sum of (1) and (2):

(1) The Applicable Accrual Percentage, times Final Average Monthly Compensation, times Future Years of Credited Service

(2) The Applicable Accrual Percentage, times Final Average Monthly Compensation in excess of Monthly Covered Compensation, times Future Years of Credited Service subject to the 35-year limit

(b) 1.5% times Final Average Monthly Compensation, times Future Years of Credited Service

Early Retirement Benefit: Normal Retirement Benefit reduced by 1/180th for each of the first 60 months and 1/360th for each of the next 60 months that commencement precedes Normal Retirement Date.

Disability Benefits: Former Salaried Plan Participants: If a participant becomes totally and permanently disabled prior to retirement, he shall be eligible to receive an immediate monthly benefit if he has completed 10 years of Vesting Service. The amount of the benefit shall be the Normal Retirement Benefit reduced for early commencement.

Former Augusta Plan or Russia/Hialeah Plan Participants: If a participant becomes totally and permanently disabled prior to retirement, he shall be eligible to receive an immediate monthly benefit if he has completed 10 years of Vesting Service and attained age 50. The amount of the benefit shall be the Normal Retirement Benefit unreduced for early commencement.

Death Benefits: If a participant dies prior to commencement of benefits, his surviving spouse, if any, will be eligible to receive a monthly benefit if he is vested in his Normal Retirement Benefit. The amount of the survivor benefit shall be the same amount as though the participant had terminated employment, survived to his earliest retirement age, retired with a Joint and 50% Survivor annuity, and died the next day.

Forms of Payment

Normal Form: Annuity payable for life.

Optional Forms: Joint and Survivor Annuity with 50%, 75%, or 100% continued to the beneficiary; Life Annuity with 120, 180, or 240 monthly payments guaranteed.

Summary of Plan Provisions – Ames True Temper

Covered Employees

All employees covered under the Ames True Temper benefit formula. No new participants will enter the plan after May 31, 2008.

Definitions

Vesting Service:	Elapsed time; one year of service is earned for each consecutive 12 month period. Fractional years of Vesting Service will be credited to the completed month.
Benefit Service:	Elapsed time; one year of service is earned for each consecutive 12 month period. Fractional years of Benefit Service will be credited to the completed month. No Benefit Service will be earned after May 31, 2008.
Normal Retirement Date:	The first day of the calendar month coincident with or next following the later of (i) age 65 and (ii) the earlier of the 5th anniversary of participation in the plan and the date 5 years of Vesting Service is earned.
Early Retirement Date:	Any vested Participant may elect early retirement on the first day of any calendar month on or after age 55.

Annual Benefits Paid Upon the Following Events

Normal Retirement Benefit:	The product of years of Benefit Service, not to exceed 30, times the sum of: (a) 1.20% times Average Monthly Compensation up to the Integration Level, plus (b) 1.80% times Average Monthly Compensation in excess of the Integration Level. Benefit accruals ceased effective May 31, 2008.
Early Retirement Benefit:	Normal Retirement Benefit reduced by 1/180th for each of the first 60 months and 1/360th for each of the next 60 months that commencement precedes Normal Retirement Date.

Disability Benefits:	If a participant becomes totally and permanently disabled prior to retirement, he shall be eligible to receive an immediate monthly benefit if he has completed 10 years of Vesting Service. The amount of the benefit shall be the Normal Retirement Benefit reduced for early commencement.
Death Benefits:	If a participant dies prior to commencement of benefits, his surviving spouse, if any, will be eligible to receive a monthly benefit if they were married for at least one year and he is vested in his Normal Retirement Benefit. The amount of the survivor benefit shall be the same amount as though the participant had terminated employment, survived to his earliest retirement age, retired with a Joint and 50% Survivor annuity, and died the next day.

Forms of Payment

Normal Form:	Annuity payable for life.
Optional Forms:	Joint and Survivor Annuity with 25%, 50%, 66 ⅔%, 75%, or 100% continued to the beneficiary; Life Annuity with 120 monthly payments guaranteed.

Summary of Plan Provisions – Dowel

Covered Employees

All employees covered under the Dowel benefit formula. No new participants will enter the plan after May 31, 2008.

Definitions

Vesting Service:	Hours counting; one year of service is earned for each calendar year with at least 1,000 hours.
Benefit Service:	Elapsed time; one year of service is earned for each consecutive 12 month period. Fractional years of Benefit Service will be credited to the completed month. No Benefit Service will be earned after May 31, 2008.
Normal Retirement Date:	The first day of the calendar month coincident with or next following age 65.
Early Retirement Date:	Any Participant who has earned at least 15 years of Vesting Service may elect early retirement on the first day of any calendar month on or after age 60. If the Participant terminated due to plant shutdown or layoff with at least 15 years of Vesting Service, he may elect early retirement on the first day of any calendar month on or after age 55.

Annual Benefits Paid Upon the Following Events

Normal Retirement Benefit:	The product of years of Benefit Service, not to exceed 35, times $11. Benefit accruals ceased effective May 31, 2008.
Early Retirement Benefit:	Normal Retirement Benefit reduced by 0.5% for each month that commencement precedes Normal Retirement Date.
Disability Benefits:	If a participant becomes totally and permanently disabled prior to retirement, he shall be eligible to receive an immediate monthly benefit if he has completed 15 years of Vesting Service. The amount of the benefit shall be the Normal Retirement Benefit unreduced for early commencement.
Death Benefits:	If a participant dies prior to commencement of benefits, his surviving spouse, if any, will be eligible to receive a monthly

benefit if they were married for at least one year and he is vested in his Normal Retirement Benefit. The amount of the survivor benefit shall be the same amount as though the participant had terminated employment, survived to his earliest retirement age, retired with a Joint and 50% Survivor annuity, and died the next day.

Forms of Payment

Normal Form:	Annuity payable for life.
Optional Forms:	Joint and Survivor Annuity with 50% or 75% continued to the beneficiary.

Summary of Plan Provisions – Southeastern Plastics

Covered Employees

All employees covered under the Southeastern Plastics benefit formula. No new participants will enter the plan after May 31, 2008.

Definitions

Vesting Service:	Hours counting; one year of service is earned for each calendar year with at least 1,000 hours.
Benefit Service:	Elapsed time; one year of service is earned for each consecutive 12 month period. Fractional years of Benefit Service will be credited to the completed month. No Benefit Service will be earned after May 31, 2008.
Normal Retirement Date:	The first day of the calendar month coincident with or next following age 65.
Early Retirement Date:	Any Participant who has earned at least 15 years of Vesting Service may elect early retirement on the first day of any calendar month on or after age 60. If the Participant terminated due to plant shutdown or layoff with at least 15 years of Vesting Service, he may elect early retirement on the first day of any calendar month on or after age 55.

Annual Benefits Paid Upon the Following Events

Normal Retirement Benefit:	The product of years of Benefit Service, not to exceed 35, times $11. Benefit accruals ceased effective May 31, 2008.
Early Retirement Benefit:	Normal Retirement Benefit reduced by 0.5% for each month that commencement precedes Normal Retirement Date.
Disability Benefits:	Not applicable; no active employees.
Death Benefits:	If a participant dies prior to commencement of benefits, his surviving spouse, if any, will be eligible to receive a monthly benefit if they were married for at least one year and he is vested in his Normal Retirement Benefit. The amount of the survivor benefit shall be the same amount as though the participant had terminated employment, survived to his earliest retirement age, retired with a Joint and 50% Survivor annuity, and died the next day.

Forms of Payment

Normal Form:	Annuity payable for life.
Optional Forms:	Joint and Survivor Annuity with 50% or 75% continued to the beneficiary.

Summary of Plan Provisions – Elyria

Covered Employees

All employees covered under the Elyria benefit formula. No new participants will enter the plan after May 31, 2008.

Definitions

Vesting Service: Elapsed time; one year of service is earned for each consecutive 12 month period. Fractional years of Vesting Service will be credited to the nearest month.

Benefit Service: Elapsed time; one year of service is earned for each consecutive 12 month period. Fractional years of Benefit Service will be credited to the completed month. No Benefit Service will be earned after May 31, 2008.

Normal Retirement Date: The first day of the calendar month coincident with or next following age 65.

Early Retirement Date: Any Participant who has earned at least 10 years of Vesting Service may elect early retirement on the first day of any calendar month on or after age 60.

Annual Benefits Paid Upon the Following Events

Normal Retirement Benefit: The product of years of Benefit Service, not to exceed 30, times $13.75. Benefit accruals ceased effective May 31, 2008.

Early Retirement Benefit: Normal Retirement Benefit reduced for early commencement based on the following table of factors, interpolating for complete months between ages.

Age at Commencement	Reduction Factor
60	0.6718
61	0.7236
62	0.7814
63	0.8460
64	0.9184
65	1.0000

Disability Benefits: Not applicable; no active employees.

Death Benefits: If a participant dies prior to commencement of benefits, his surviving spouse, if any, will be eligible to receive a monthly

benefit if they were married for at least one year and he is vested in his Normal Retirement Benefit. The amount of the survivor benefit shall be the same amount as though the participant had terminated employment, survived to his earliest retirement age, retired with a Joint and 50% Survivor annuity, and died the next day.

Forms of Payment

Normal Form:	Annuity payable for life.
Optional Forms:	Joint and Survivor Annuity with 50% or 75% continued to the beneficiary.

Summary of Plan Provisions – Kane

Covered Employees

All employees covered under the Kane benefit formula. No new participants will enter the plan after May 31, 2008.

Definitions

Vesting Service:	Hours counting; one year of service is earned for each calendar year with at least 1,000 hours.
Benefit Service:	Hours counting; 6/12th of a year of service is earned for each calendar year with 1,000 hours. An additional 1/12th of a year of service is earned for each 180 hours in excess of 1,000 hours up to a maximum of 1 year of service. No Benefit Service will be earned after May 31, 2008.
Normal Retirement Date:	The first day of the calendar month coincident with or next following age 65.
Early Retirement Date:	Not applicable; Participants cannot commence until Normal Retirement Date.

Annual Benefits Paid Upon the Following Events

Normal Retirement Benefit:	The product of years of Benefit Service times $18. Benefit accruals ceased effective May 31, 2008.
Early Retirement Benefit:	Not applicable.
Disability Benefits:	Not applicable; no active employees.
Death Benefits:	If a participant dies prior to commencement of benefits, his surviving spouse, if any, will be eligible to receive a monthly benefit if they were married for at least one year and he is vested in his Normal Retirement Benefit. The amount of the survivor benefit shall be the same amount as though the participant had terminated employment, survived to his earliest retirement age, retired with a Joint and 50% Survivor annuity, and died the next day.

Forms of Payment

Normal Form:	Annuity payable for life.

Optional Forms:	Joint and Survivor Annuity with 50% or 75% continued to the beneficiary.

Summary of Plan Provisions – Jackson

Covered Employees

All employees covered under the Jackson benefit formula. No new participants will enter the plan after December 31, 2009.

Definitions

Vesting Service:	Hours counting; one year of service is earned for each calendar year with at least 1,000 hours.
Benefit Service:	Hours counting; one year of service is earned for each calendar year with at least 1,600 hours. Fractional years of Benefit Service will be credited as follows: at least 1,200 hours but not 1,600 hours – 0.75 years; at least 800 hours but not 1,200 hours – 0.50 years; at least 400 hours but not 800 hours – 0.25 years; less than 400 hours – no years. No Benefit Service will be earned after December 31, 2009.
Normal Retirement Date:	The first day of the calendar month coincident with or next following age 65.
Early Retirement Date:	Any vested Participant may elect early retirement on the first day of any calendar month on or after age 60.

Annual Benefits Paid Upon the Following Events

Normal Retirement Benefit:	The product of years of Benefit Service times $33. Benefit accruals ceased effective December 31, 2009.
Early Retirement Benefit:	Normal Retirement Benefit reduced by 0.5% for each month that commencement precedes Normal Retirement Date.
Disability Benefits:	If a participant becomes totally and permanently disabled prior to retirement, he shall be eligible to receive an immediate monthly benefit if he has completed 10 years of Vesting Service. The amount of the benefit shall be the Normal Retirement Benefit unreduced for early commencement.
Death Benefits:	If a participant dies prior to commencement of benefits, his surviving spouse, if any, will be eligible to receive a monthly benefit if they were married for at least one year and he is vested in his Normal Retirement Benefit. The amount of the survivor benefit shall be the same amount as though the participant had terminated

employment, survived to his earliest retirement age, retired with a Joint and 50% Survivor annuity, and died the next day.

Forms of Payment

Normal Form:	Annuity payable for life.
Optional Forms:	Joint and Survivor Annuity with 50%, 75%, or 100% continued to the beneficiary; Life Annuity with 120 monthly payments guaranteed.

Summary of Plan Provisions – Hourly

Covered Employees

All employees covered under the Hourly benefit formula. No new participants will enter the plan after June 30, 2008 for Union City, PA employees and May 31, 2008 for all other employees.

Definitions

Vesting Service:	Elapsed time; one year of service is earned for each consecutive 12 month period. Fractional years of Vesting Service will be credited to the nearest month.
Benefit Service:	Elapsed time; one year of service is earned for each consecutive 12 month period. Fractional years of Benefit Service will be credited to the nearest month. No Benefit Service is earned after June 30, 2008 for Union City, PA employees and May 31, 2008 for all other employees.
Normal Retirement Date:	The first day of the calendar month coincident with or next following age 65.
Early Retirement Date:	Any Participant who has earned at least 15 years of Vesting Service may elect early retirement on the first day of any calendar month on or after age 60. Any vested Participant who terminated between January 1, 1989 and December 31, 1999 may elect early retirement on the first day of any calendar month on or after age 60. If the Participant terminated due to plant shutdown or layoff with at least 20 years of Vesting Service, he may elect early retirement on the first day of any calendar month on or after age 55.

Annual Benefits Paid Upon the Following Events

Normal Retirement Benefit:	For Union City, PA Participants, the product of years of Benefit Service times $18. Benefit accruals ceased effective June 30, 2008. For all other Participants, the product of years of Benefit Service times $14. Benefit accruals ceased effective May 31, 2008.
Early Retirement Benefit:	Normal Retirement Benefit reduced by 0.5% for each month that commencement precedes Normal Retirement Date. No reduction

for early commencement if the Participant has at least 30 years of Vesting Service or is eligible for early retirement at age 55 due to plant shutdown or layoff.

Disability Benefits: If a participant becomes totally and permanently disabled prior to retirement, he shall be eligible to receive an immediate monthly benefit if he has completed 15 years of Vesting Service. The amount of the benefit shall be equal to (1) or (2), minus (3):

(1) Prior to eligibility for Social Security disability or Social Security unreduced retirement benefits, the greater of (a) or (b):

(a) The Participant's accrued benefit at the time he incurs a disability plus a $100 supplement, or

(b) $150 minus the Pension Offset plus $100 supplement;

(2) After eligibility for Social Security disability or Social Security unreduced retirement benefits, the Participant's accrued benefit at the time he incurred the disability;

(3) The Pension Offset.

Death Benefits: If a participant dies prior to commencement of benefits, his surviving spouse, if any, will be eligible to receive a monthly benefit if they were married for at least one year and he is vested in his Normal Retirement Benefit. The amount of the survivor benefit shall be the same amount as though he had terminated employment, survived to his earliest retirement age, retired with a Joint and 50% Survivor annuity, and died the next day.

Forms of Payment

Normal Form: Annuity payable for life.

Optional Forms: Joint and Survivor Annuity with 50% or 75% continued to the beneficiary; Special 50% or 100% Joint and Survivor Annuity.

The Special Joint and Survivor Annuity is a Life Annuity payable until age 65. If both the Participant and beneficiary survive to the Participant's age 65, the benefit is then reduced to a Joint and Survivor Annuity with 50% or 100% continued to the beneficiary. If the beneficiary predeceases the Participant prior to the Participant's age 65, the Life Annuity amount continues unreduced for the remainder of the Participant's lifetime.

Special One-Time Payment: Participants are eligible for a special one-time payment that replaces the first three monthly retirement benefit payments if they meet one of the following:

(1) Accruing Benefit Service and retire on his early, normal, or late retirement date on or before June 30, 2008 for Union City, PA, Participants or May 31, 2008 for all other Participants

(2) Attained both age 60 and 15 years of Benefit Service as of June 30, 2008 for Union City, PA Participants or May 31, 2008 for all other Participants, or

(3) Attained 30 years of Benefit Service as of June 30, 2008 for Union City, PA Participants or May 31, 2008 for all other Participants.

The amount of the benefit is equal to 13 weeks of vacation pay less any vacation pay that had been received. The amount is calculated as of June 30, 2008 for Union City, PA Participants or May 31, 2008 for all other Participants.

Summary of Plan Provisions – Locals

Covered Employees

All employees covered under the Locals benefit formula. No new participants will enter the plan after May 31, 2008.

Definitions

Vesting Service:	Elapsed time; one year of service is earned for each consecutive 12 month period. Fractional years of Vesting Service will be credited to the nearest month.
Benefit Service:	Elapsed time; one year of service is earned for each consecutive 12 month period. Fractional years of Benefit Service will be credited to the nearest month. No Benefit Service is earned after May 31, 2008.
Normal Retirement Date:	The first day of the calendar month coincident with or next following the later of (i) age 65 and (ii) the earlier of the 5th anniversary of participation in the plan and the date 5 years of Vesting Service is earned.
Early Retirement Date:	Any Participant who has earned at least 15 years of Benefit Service may elect early retirement on the first day of any calendar month on or after age 60. Any Participant who has earned at least 30 years of Benefit Service may elect early retirement immediately.

Annual Benefits Paid Upon the Following Events

Normal Retirement Benefit: The product of years of Benefit Service and the multiplier applicable to his union and years of Benefit Service, as described in the tables below. Benefit accruals ceased effective May 31, 2008.

Local 1651

Years of Benefit Service	Multiplier
0 to 15	$26.50
16 to 30	$32.50
30 or More	$37.50

Local 2997

Years of Benefit Service	Multiplier
0 to 15	$20.00
16 to 28	$26.00
28 or More	$31.00

Local 8350

Years of Benefit Service	Multiplier
0 to 15	$20.50
16 to 30	$26.50
30 or More	$31.50

Early Retirement Benefit: Normal Retirement Benefit reduced for early commencement based on the following table of factors, interpolating for complete months between ages.

Age at Commencement	Reduction Factor
60	0.6718
61	0.7236
62	0.7814
63	0.8460
64	0.9184
65	1.0000

However, no reduction is applied if the Participant has at least 30 years of Benefit Service.

Disability Benefits: Not applicable; no active employees.

Death Benefits: If a participant dies prior to commencement of benefits, his surviving spouse, if any, will be eligible to receive a monthly benefit if they were married for at least one year and he is vested in his Normal Retirement Benefit. The amount of the survivor benefit shall be the same amount as though the participant had terminated employment, survived to his earliest retirement age, retired with a Joint and 50% Survivor annuity, and died the next day.

Forms of Payment

Normal Form: Annuity payable for life.

Optional Forms: Joint and Survivor Annuity with 50% or 75% continued to the beneficiary.

Summary of Plan Provisions – UnionTools Union

Covered Employees

All employees covered under the UnionTools Union benefit formula. No new participants will enter the plan after December 1, 2006.

Definitions

Vesting Service:	Hours counting; one year of service is earned for each calendar year with at least 1,000 hours.
Benefit Service:	Elapsed time; one year of service is earned for each consecutive 12 month period. Fractional years of Benefit Service will be credited to the nearest month. No Benefit Service is earned after December 1, 2006.
Normal Retirement Date:	The first day of the calendar month coincident with or next following the later of (i) age 65 and (ii) the earlier of the 5th anniversary of participation in the plan and the date 5 years of Vesting Service is earned.
Early Retirement Date:	Any vested Participant may elect early retirement on the first day of any calendar month on or after age 60.

Annual Benefits Paid Upon the Following Events

Normal Retirement Benefit:	The product of years of Benefit Service times the benefit multiplier. The multiplier is $20 for Basic Pension Plan No. 2, $19 for Basic Pension Plan No. 3, and $16.50 for Basic Pension Plan No. 7. Benefit accruals ceased effective December 1, 2006.
Early Retirement Benefit:	Normal Retirement Benefit reduced by 0.5% for each month that commencement precedes Normal Retirement Date.
Disability Benefits:	Not applicable; no active employees.
Death Benefits:	If a participant dies prior to commencement of benefits, his surviving spouse, if any, will be eligible to receive a monthly benefit if he is vested in his Normal Retirement Benefit. The amount of the survivor benefit shall be the same amount as though the participant had terminated employment, survived to his earliest retirement age, retired with a Joint and 50% Survivor annuity, and died the next day.

Forms of Payment

Normal Form:	Annuity payable for life.
Optional Forms:	Joint and Survivor Annuity with 50%, 75%, or 100% continued to the beneficiary; Life Annuity with 60, 120, or 180 monthly payments guaranteed.

Summary of Plan Provisions – UnionTools Retirement

Covered Employees

All employees covered under the UnionTools Retirement benefit formula. No new participants will enter the plan after December 31, 1999.

Definitions

Vesting Service:	Hours counting; one year of service is earned for each calendar year with at least 1,000 hours.
Benefit Service:	Retirement Benefit Formula - Hours counting; one year of service is earned for each calendar year with at least 1,000 hours. Basic Pension Plan No. 5 and Basic Pension Plan No. 6 - Elapsed time; one year of service is earned for each consecutive 12 month period. Fractional years of Benefit Service will be credited to the nearest month. No Benefit Service is earned after December 31, 2000.
Normal Retirement Date:	The first day of the calendar month coincident with or next following age 65.
Early Retirement Date:	Any vested Participant may elect early retirement on the first day of any calendar month on or after age 55.
Employee Contributions:	Were required under the plan prior to January 1, 1996.

Annual Benefits Paid Upon the Following Events

Normal Retirement Benefit:	Retirement Benefit Formula – The sum of (i) 2.25% times average monthly earnings, times years of Benefit Service after December 31, 1992, and (ii) an additional monthly benefit that depends on whether employee contributions were made to the plan. Basic Pension Plan No. 5 and Basic Pension Plan No. 6 – The product of years of Benefit Service times the benefit multiplier. The multiplier is $12.50 for Basic Pension Plan No. 5 and $11.50 for Basic Pension Plan No. 6. Benefit accruals ceased effective December 31, 2000.

Early Retirement Benefit:	Normal Retirement Benefit reduced by 1/180th for each of the first 60 months and 1/360th for each of the next 60 months that commencement precedes Normal Retirement Date.
Disability Benefits:	Not applicable; no active employees.
Death Benefits:	If a participant dies prior to commencement of benefits, his surviving spouse, if any, will be eligible to receive a monthly benefit if he is vested in his Normal Retirement Benefit. The amount of the survivor benefit shall be the same amount as though the participant had terminated employment, survived to his earliest retirement age, retired with a Joint and 50% Survivor annuity, and died the next day.

Forms of Payment

Normal Form: Annuity payable for life.
Optional Forms: Joint and Survivor Annuity with 50%, 75%, or 100% continued to the beneficiary; Life Annuity with 60, 120, or 180 monthly payments guaranteed.

Clopay Ames Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-2335400, Plan Number: 410
December 31, 2017

(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
	Cash			
	Cash	Cash	**$ 587**	**$ 587**
	Money Market Fund			
*	Wells Fargo Funds	Wells Fargo Short-Term Investment Fund F	**27,451,596**	**27,451,596**
	Common/Collective Trust Funds			
*	Wells Fargo Funds	Wells Fargo/BlackRock S & P 500 Index CIT Fund F	**8,199,200**	**18,038,441**
*	Wells Fargo Funds	Wells Fargo Multi-Manager Small Cap	**5,583,281**	**10,642,229**
*	Wells Fargo Funds	Wells Fargo Dodge & Cox Intermediate	**9,338,620**	**10,188,272**
*	Wells Fargo Funds	Wells Fargo/MFS Value CIT F	**4,195,985**	**6,351,333**
*	Wells Fargo Funds	Wells Fargo Growth CIT Class F	**3,671,138**	**6,334,847**
*	Wells Fargo Funds	Wells Fargo Voya Large Cap Growth CIT F	**5,710,119**	**6,332,856**
*	Wells Fargo Funds	Wells Fargo Liability Driven Solution I	**4,110,132**	**4,841,275**
			40,808,475	**62,729,253**
	Mutual Funds			
	Metropolitan West Funds	Metropolitan West Total Return Bond M	**10,040,822**	**10,179,935**
	Oakmark	Oakmark International Fund	**6,800,115**	**7,649,698**
	Harbor	Harbor International Instl	**6,377,301**	**7,599,957**
	T. Rowe Price	T. Rowe Price Equity Fund	**6,073,945**	**6,334,114**
	OppenheimerFunds	Oppenheimer International Bond	**4,710,670**	**4,532,480**
	JPMorgan	JPMorgan Mid Cap Value	**2,876,581**	**3,777,761**
	JPMorgan	JPMorgan Mid Cap Growth	**3,192,935**	**3,768,528**
	Alps	Alps/CoreCommodity Management Complete Commodities Strategy Fund Class I	**3,621,862**	**3,450,979**
	American Century Investments	American Century Alternatives Equity Market Fund Class Inv#108	**3,396,432**	**3,403,411**
	Lazard	Lazard Emerging Markets Equity Instl	**2,028,689**	**2,770,012**
	T. Rowe Price	T. Rowe Price Real Estate	**1,488,009**	**1,849,538**
			50,607,361	**55,316,413**
	Other			
	Blue Rock Advisors	Blue Rock Capital Fund, L.P.	**5,250,000**	**5,847,410**
	Total Assets (Held at End of Year)		**$ 124,118,019**	**$ 151,345,259**

The above information has been certified by Wells Fargo Bank, N.A., the trustee, as complete and accurate.

* Represents a party-in-interest.

Clopay Ames Pension Plan
Schedule SB, Line 32 - Schedule of Amortization Bases
Plan Year Ended December 31, 2017

Clopay Ames Pension Plan
The Ames Companies, Inc. EIN: 22-2335400
Plan Number: 410

Type of Base	Present Value of Installments	Date Established	Years Reamaining	Amortizaion Installment
Shortfall	481,752	01/01/2016	6	89,654
Shortfall	3,141,777	01/01/2017	7	515,917
Total	3,623,529			605,571

1. The retirement, withdrawal, and disability rate assumptions were changed to better reflect plan experience. The updated assumptions are described below.

Rates of Retirement

Eligible participants are assumed to retire based on the following:

Age	Clopay	Ames
55 – 60	3%	10%
61	5%	15%
62	20%	25%
63	5%	20%
64	5%	25%
65	33%	25%
66	25%	25%
67	50%	50%
68	50%	50%
69	50%	50%
70	100%	100%

Withdrawal Rates

Clopay: Sarason T-4 Table

Ames: Sarason T-10 Table

Disability Rates

None assumed.