

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 <u>01/01/2017</u> and ending <u>12/31/2017</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) ____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ▶ ☒		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ special extension (enter description)	☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>05/14/1999</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>QUALITOR, INC.</u> <u>1840 MCCULLOUGH</u> <u>LIMA, OH 45801</u>	2b	Employer Identification Number (EIN) <u>38-3464466</u>
		2c	Plan Sponsor's telephone number <u>419-993-8176</u>
		2d	Business code (see instructions) <u>336300</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2018	TERESA HOLDEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 111
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) 0
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits	6b 43
c Other retired or separated participants entitled to future benefits	6c 62
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 105
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 5
f Total. Add lines 6d and 6e	6f 110
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

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 QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF QUALITOR, INC.	D Employer Identification Number (EIN) 38-3464466
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2017			
2	Assets:			
a	Market value	2a	1471385	
b	Actuarial value	2b	1471385	
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	0	0	0
b	For terminated vested participants	63	887082	887082
c	For active participants	48	836137	836137
d	Total	111	1723219	1723219
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	6.00%	
6	Target normal cost	6	0	

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		10/02/2018
	Signature of actuary	Date
KATHLEEN E. MANNING, F.S.A.		17-03050
	Type or print name of actuary	Most recent enrollment number
MWM CONSULTING GROUP		312-987-9097
	Firm name	Telephone number (including area code)
55 E. JACKSON BLVD., SUITE 1000 CHICAGO, IL 60604-4466		
	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		317
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.19</u> %		20
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		337
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	85.38%
15 Adjusted funding target attainment percentage	15	85.38%
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	84.99%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/25/2017	1966	0			
07/12/2017	36154	0			
10/13/2017	19060	0			
02/09/2018	19060	0			
Totals ▶			18(b)	76240	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	72966

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 3
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	0	
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	251834	45881	
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	45881	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	45881	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	72966	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	27085	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 QUALITOR, INC.	D Employer Identification Number (EIN) 38-3464466	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(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

(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

(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)

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>QUALITOR, INC.</u>	D Employer Identification Number (EIN) <u>38-3464466</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	28094	19060
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(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)	1444141	1638620
(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	1472235 1657680
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1472235 1657680

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	76240
	(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)	76240
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		194943
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		271183

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	85738	
(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)		85738
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		85738

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		185445
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
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 4088375. (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 <u>QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>QUALITOR, INC.</u>	D Employer Identification Number (EIN) <u>38-3464466</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1051736</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

Schedule R (Form 5500) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements and Report of Independent
Certified Public Accountants

**Qualitor, Inc. Master Union Employees' Pension
Plan**

December 31, 2017 and 2016

CONTENTS

	Page
Report of Independent Certified Public Accountants	3
Statements of Net Assets Available for Benefits.....	5
Statements of Changes in Net Assets Available for Benefits	6
Statement of Accumulated Plan Benefits	7
Statement of Changes in Accumulated Plan Benefits.....	7
Notes to Financial Statements.....	8
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)	16
Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions.....	17



Grant Thornton

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To Participants and Plan administrator of
Qualitor, Inc. Master Union Employees' Pension Plan

Grant Thornton LLP
1375 E 9th St, Suite 1500
Cleveland, Ohio 44114
T 216.771.1400
F 216.771.1409
www.GrantThornton.com

Report on the financial statements

We were engaged to audit the accompanying financial statements of the Qualitor, Inc. Master Union Employees' Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2016, the statement of changes in accumulated plan benefits for the year 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note C, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of December 31, 2017 and 2016, and for the years then ended, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Supplementary information

The supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017 and Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2017 are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 certified information described in Note C, 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.

Grant Thornton LLP

Cleveland, Ohio
October 11, 2018

Qualitor, Inc. Master Union Employees' Pension Plan
Statements of Net Assets Available for Benefits
As of December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Assets		
Investments, at fair value	\$1,638,620	\$1,444,141
Receivables		
Employer contributions receivable	<u>19,060</u>	<u>28,094</u>
Net assets available for benefits	<u>\$1,657,680</u>	<u>\$1,472,235</u>

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

Qualitor, Inc. Master Union Employees' Pension Plan
Statements of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Investment income:		
Net appreciation in fair value of investments	\$ 142,126	\$ 49,317
Interest and dividend income	<u>52,817</u>	<u>55,248</u>
Net investment income	194,943	104,565
Employer contributions	<u>76,240</u>	<u>80,635</u>
Total additions	271,183	185,200
Benefits paid directly to participants or beneficiaries	<u>85,738</u>	<u>87,374</u>
Net increase	185,445	97,826
Net assets available for benefits:		
Beginning of year	<u>1,472,235</u>	<u>1,374,409</u>
End of year	<u><u>\$1,657,680</u></u>	<u><u>\$1,472,235</u></u>

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

Qualitor, Inc. Master Union Employees' Pension Plan
Statement of Accumulated Plan Benefits
As of December 31, 2016

	<u>2016</u>
Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving payments	\$ 809,763
Other participants	<u>728,108</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$1,537,871</u></u>

Qualitor, Inc. Master Union Employees' Pension Plan
Statement of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2016

	<u>2016</u>
Actuarial present value of accumulated plan benefits – beginning of year	\$1,478,538
Increase (decrease) during the year attributable to:	
Actuarial loss	71,169
Increase for interest	100,185
Assumption changes	(24,647)
Benefits paid	<u>(87,374)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$1,537,871</u></u>

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

Qualitor, Inc. Master Union Employees' Pension Plan

Notes to Financial Statements

December 31, 2017 and 2016

Note A – Plan Description

The following description of the Qualitor, Inc. Master Union Employees' Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for complete information. The Plan Administrator determines the appropriateness of the Plan's investment offerings and monitors investment performance.

General

The Plan was established by Qualitor, Inc. (the "Company") effective May 14, 1999. The Plan is a noncontributory defined benefit plan which is administered by the Company, with input from affected union employees as part of the collective bargaining process, and covers certain Qualitor, Inc. union employees at International Brake Industries, Inc. and McGuane Industries, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). On May 20, 2011 the International Brake operation in Ohio was permanently closed. All International Brake Industries, Inc. participants were fully vested at termination of employment on the date of closure. Hourly union employees of the International Brake Industries, Inc. represented by UAW Local 1975, became active participants in the Plan immediately after a probationary period set forth in the collective bargaining agreement. Union employees of McGuane Industries, Inc., represented by UAW Local 708, become active participants in the Plan on the first day of the month after a probationary period set forth in the collective bargaining agreement. An eligible employee is an employee represented by a collective bargaining unit. On February 15, 2016, the McGuane facility was shut down and at this time, the remaining active participant's benefits in the Plan were fully frozen and fully vested.

Funding Policy

All contributions to the Plan are made by the Company. The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2017 and 2016, the Company made contributions of \$76,240 and \$80,635, respectively. The Company's contributions for 2017 and 2016 exceeded the minimum funding requirements of ERISA. Although it has not expressed any intention to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. No participant contributions are permitted.

Pension Benefits

Employees who reach the age of 65 will obtain non-forfeitable rights to a normal retirement benefit, provided the participant is employed by the Company until retirement. An employee with 5 or more years of service is entitled to early retirement benefits beginning at age 55, provided that the participant is employed by the Company at the time of early retirement. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. When an employee terminates employment for any reason, they may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement. The benefit level received is based upon years of credited service times a benefit multiplier as detailed in the plan document.

Qualitor, Inc. Master Union Employees' Pension Plan

Notes to Financial Statements – Continued

December 31, 2017 and 2016

Note A – Plan Description (Continued)

Death and Disability Benefits

Employees who die after retirement shall have their annual pension benefits paid to their surviving spouse. For employees who are vested and die prior to receiving retirement benefits and are survived by a spouse to whom the participant had been married for at least one year prior to death, annual pension benefits are paid to the participant's spouse. Employees with 10 or more years of service and are determined by the Plan administrator to have become totally and permanently disabled during the course of employment are entitled to annual pension benefits.

Reclassification

Certain prior year amounts within Note D have been reclassified to conform to the current year presentation.

Note B – Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of the financial statements in conformity 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, 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 and the changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's 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 D 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.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable to employees based upon services rendered under the Plan's provisions. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on a formula which includes years of service as defined in the Plan document, and years of credited service. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

Qualitor, Inc. Master Union Employees' Pension Plan

Notes to Financial Statements – Continued

December 31, 2017 and 2016

Note B – Summary of Significant Accounting Policies (Continued)

The actuarial present value of accumulated plan benefits is determined by an independent actuary from MWM Consulting Group. The latest actuarial valuation is dated January 1, 2017 and 2016, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment. Had the valuations been performed as of December 31, there would be no material differences.

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

Actuarial Present Value of Accumulated Plan Benefits

Long-term Rate of Return: 7.0% per annum

Mortality For 2016: RP-2014 projected to 2017 with scale MP-2017;
For 2015: RP-2014 projected to 2016 with scale MP-2016

Normal retirement age 65 years of age

Payment of Benefits

Benefit payments are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connections 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 investments 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.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2018, the date that the financial statements were available to be issued. The Plan did not identify any events that required recognition or disclosures in the financial statements.

Qualitor, Inc. Master Union Employees' Pension Plan

Notes to Financial Statements – Continued

December 31, 2017 and 2016

Note C - Information Certified by Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fifth Third Bank (the "Trustee") certified that the following data included in the financial statements and supplemental schedules is complete and accurate:

- Investments, at fair value, as shown in the statements of net assets available for benefits as of December 31, 2017 and 2016.
- Net investment income, as shown in the statements of changes in net assets available for benefits for the year ended December 31, 2017 and 2016.
- Schedule H, Part IV, Line 4i – schedule of assets (held at end of year) as of December 31, 2017.
- Schedule H, Part IV, Line 4j – schedule of reportable transactions for the year ended December 31, 2017.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note D – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Qualitor, Inc. Master Union Employees' Pension Plan

Notes to Financial Statements – Continued

December 31, 2017 and 2016

Note D – Fair Value Measurements (continued)

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

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

Mutual funds and money market fund: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

	December 31, 2017			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 62,093	\$ -	\$ -	\$ 62,093
Mutual funds	1,576,527	-	-	1,576,527
Total assets at fair value	<u>\$1,638,620</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$1,638,620</u>

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

	December 31, 2016			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 68,674	\$ -	\$ -	\$ 68,674
Mutual funds	1,375,467	-	-	1,375,467
Total assets at fair value	<u>\$1,444,141</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$1,444,141</u>

Qualitor, Inc. Master Union Employees' Pension Plan

Notes to Financial Statements – Continued

December 31, 2017 and 2016

Note E – Tax Status

The Plan obtained its latest determination letter as of September 24, 2012, in which the Internal Revenue Service (“IRS”) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Company’s management is not aware of any uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note F – Plan Termination

The Company has not expressed any intention to terminate the Plan. However, in the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document, in the order indicated below:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested 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, subject to a statutory ceiling on the amount of an individual’s monthly benefit.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Qualitor, Inc. Master Union Employees' Pension Plan

Notes to Financial Statements – Continued

December 31, 2017 and 2016

Note G – Party-in-Interest Transactions

Certain Plan investments are managed by the Trustee and, therefore, these transactions qualify as party-in-interest transactions.

Note H – 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 change could materially affect the amounts reported in the statements of net assets available for benefits.

The Plan's 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Supplemental Schedules

Qualitor, Inc. Master Union Employees' Pension Plan
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2017

Identity of Issue, Borrower or Similar Party	Description of Investments	Cost	Current Value
	Money Market		
*Fifth Third Bank	Federated Prime Value Obligations Fund Service Shares	\$ 62,093	\$ 62,093
	Mutual Funds		
*Fifth Third Bank	Dodge & Cox Income Fund	112,362	113,016
*Fifth Third Bank	Hotchkis & Wiley Funds High Yield	31,560	32,128
*Fifth Third Bank	TCW Inc Emerging Mkts Income CL I Fund	46,909	48,403
Black Rock	Black Rock FDS II Strategic Opp Institutional	91,683	91,739
DoubleLine Funds	Doubleline Total Return Bond I	101,123	100,645
Harbor Funds	Loevnier Intl Equity Inst	63,692	68,989
Seafarer Pension	Seafarer Overseas GR and Income IS	27,150	32,119
Harbor Funds	Harbor Capital Appreciation Fund Instl CL	64,881	79,529
*Fifth Third Bank	IShares Core S&P 500	187,442	214,811
*Fifth Third Bank	IShares MSCI Emerging Mkt Indx	33,928	40,617
*Fifth Third Bank	IShares MSCI Eafe Index Fund	62,420	68,974
*Fifth Third Bank	IShares Core S&P Mid-Cap ETF	12,256	13,474
*Fifth Third Bank	IShares Core S&P Small-Cap ETF	17,412	19,203
*Fifth Third Bank	Litman Gregory Masters Alt Strategies	271,005	274,663
Vanguard	Vanguard REIT ETF Fund	65,003	65,305
*Fifth Third Bank	Victory Sycamore Est Value I	14,793	16,388
Wells Fargo	Wells Fargo FDS TR Special Small Cap Val 1	11,012	11,739
WisdomTree	Wisdomtree Europe Hedged Equity Fund	32,506	32,874
MFS Investment	MFS Value Fund Class I	57,940	63,851
Principal	Principal Midcap Blend Fund	9,948	12,067
T Rowe Price	T Rowe Price New Horizons Fund	9,544	11,059
*Fifth Third Bank	UBS E-Tracs Alerian MLP Infrastr ENT	38,210	33,914
*Fifth Third Bank	Dana Large Cap Equity Institutional	107,464	113,748
OppenheimerFunds	Oppenheimer Developing Markets Class I	12,859	17,272
		<u>\$1,545,205</u>	<u>\$1,638,620</u>

* Parties-in-interest.

5% REPORT BY ASSET-AGGREGATE

70-70-002-8205742

01/01/17 THROUGH 12/31/17

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	VALUATION	1,444,161.40	THRESHOLD	72,208.07
BLACKROCK FDS IT STRG OPP INSTL	SAL	01/05/17	2,044.990	20,143.15	.00	.00	20,000.00				143.15
	PUR	08/09/17	5,995.477	59,595.04	.00	.00	59,595.04				.00
	PUR	10/30/17	3,215.233	32,088.03	.00	.00	32,088.03				.00
2 PURCHASES FOR		91,683.07	1 SALES FOR								
				20,143.15	ISSUE	AGGREGATE TOTAL				111,826.22	
DODGE & COX INCOME FD	SAL	01/05/17	5,510.654	75,000.00	.00	.00	75,315.14				-315.14
	SAL	04/18/17	21,912.155	300,634.77	.00	.00	299,477.52				1,157.25
	PUR	08/09/17	1,309.046	18,143.38	.00	.00	18,143.38				.00
	PUR	10/30/17	1,767.390	24,407.66	.00	.00	24,407.66				.00
2 PURCHASES FOR		42,551.04	2 SALES FOR								
				375,634.77	ISSUE	AGGREGATE TOTAL				418,185.81	
DOUBLELINE TOTAL RETURN BOND I	PUR	01/06/17	9,372.071	100,000.00	.00	.00	100,000.00				.00
	SAL	04/18/17	3,893.322	41,736.41	.00	.00	41,541.75				194.66
	PUR	08/09/17	1,470.299	15,761.61	.00	.00	15,761.61				.00
	PUR	10/30/17	2,518.997	26,902.89	.00	.00	26,902.89				.00
3 PURCHASES FOR		142,664.50	1 SALES FOR								
				41,736.41	ISSUE	AGGREGATE TOTAL				184,400.91	
HARBOR CAPITAL APPRECIATION FUND INSTITUTIONAL CLASS	SAL	04/18/17	247.426	15,474.04	.00	.00	14,969.27				504.77
	SAL	06/22/17	876.923	59,446.64	.00	.00	53,053.83				6,392.81
	SAL	09/07/17	44.405	3,159.43	.00	.00	2,686.50				472.93
0 PURCHASES FOR		.00	3 SALES FOR								
				78,080.11	ISSUE	AGGREGATE TOTAL				78,080.11	
ISHARES DOW JONES SELECT DIV IND	PUR	04/20/17	469.000	42,513.96	18.76	.00	42,532.72				.00
	SAL	06/26/17	93.000	8,660.38	3.72	.19	8,433.99				222.48
	SAL	10/31/17	376.000	35,683.64	15.04	.82	34,098.73				1,569.05
1 PURCHASES FOR		42,513.96	2 SALES FOR								
				44,344.02	ISSUE	AGGREGATE TOTAL				86,857.98	
ISHARES BARCLAYS TIPS BOND FUND	PUR	04/20/17	384.000	44,225.35	15.36	.00	44,240.71				.00
	SAL	08/11/17	384.000	43,674.82	15.36	1.01	44,240.71				-582.26
1 PURCHASES FOR		44,225.35	1 SALES FOR								
				43,674.82	ISSUE	AGGREGATE TOTAL				87,900.17	
ISHARES CORE S&P 500 ETF	PUR	01/09/17	40.000	9,094.40	1.60	.00	9,096.00				.00
	PUR	04/20/17	407.000	95,469.99	16.28	.00	95,486.27				.00
	PUR	06/26/17	168.000	41,277.92	6.72	.00	41,284.64				.00
	PUR	08/11/17	19.000	4,752.95	.76	.00	4,753.71				.00
	SAL	09/08/17	364.000	90,545.14	14.56	2.09	84,884.13				5,644.36
	PUR	10/31/17	69.000	17,874.02	2.76	.00	17,876.78				.00
5 PURCHASES FOR		168,469.28	1 SALES FOR								
				90,545.14	ISSUE	AGGREGATE TOTAL				259,014.42	
ISHARES MSCI EAFE INDEX FD	PUR	04/20/17	951.000	58,819.35	38.04	.00	58,857.39				.00
	PUR	08/11/17	443.000	29,824.27	17.72	.00	29,841.99				.00
	SAL	10/31/17	413.000	28,541.44	16.52	.66	26,278.94				2,245.32

5% REPORT BY ASSET-AGGREGATE

70-70-002-8205742

01/01/17 THROUGH 12/31/17

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
2 PURCHASES FOR			1 SALES FOR	28,541.44	ISSUE	AGGREGATE TOTAL	117,185.06	
88,643.62								
JPMORGAN CORE BOND FUND 3720								
CLASS I	PUR	04/19/17	9,058.950	105,717.95	.00	.00	105,717.95	.00
	SAL	08/09/17	2,677.886	31,224.15	.00	.00	31,250.93	-26.78
	SAL	10/30/17	6,381.064	74,020.34	.00	.00	74,467.02	-446.68
1 PURCHASES FOR			2 SALES FOR	105,244.49	ISSUE	AGGREGATE TOTAL	210,962.44	
105,717.95								
LITMAN GREGORY MASTERS ALT								
STRATEGIES INSTL	PUR	01/06/17	5,217.390	59,999.99	.00	.00	59,999.99	.00
	PUR	04/18/17	16,440.560	189,559.66	.00	.00	189,559.66	.00
	PUR	06/22/17	505.611	5,895.43	.00	.00	5,895.43	.00
	PUR	08/09/17	701.738	8,182.26	.00	.00	8,182.26	.00
	PUR	10/30/17	630.265	7,367.80	.00	.00	7,367.80	.00
5 PURCHASES FOR			0 SALES FOR	.00	ISSUE	AGGREGATE TOTAL	271,005.14	
271,005.14								
MFS VALUE FUND CLASS I								
	SAL	04/18/17	2,463.651	92,707.17	.00	.00	75,618.96	17,088.21
	PUR	06/22/17	397.123	15,602.97	.00	.00	15,602.97	.00
1 PURCHASES FOR			1 SALES FOR	92,707.17	ISSUE	AGGREGATE TOTAL	108,310.14	
15,602.97								
DANA LARGE CAP EQUITY								
INSTITUTIONAL	PUR	09/08/17	4,230.070	90,396.59	.00	.00	90,396.59	.00
	PUR	10/30/17	752.313	17,077.51	.00	.00	17,077.51	.00
2 PURCHASES FOR			0 SALES FOR	.00	ISSUE	AGGREGATE TOTAL	107,474.10	
107,474.10								
FEDERATED								
GOVERNMENT OBLIGATIONS PREMIER	SAL	01/31/17	635.000	635.00	.00	.00	635.00	.00
	SAL	02/28/17	6,404.000	6,404.00	.00	.00	6,404.00	.00
	SAL	03/31/17	1,579.000	1,579.00	.00	.00	1,579.00	.00
	PUR	04/30/17	7,667.000	7,667.00	.00	.00	7,667.00	.00
	SAL	05/31/17	6,014.000	6,014.00	.00	.00	6,014.00	.00
	PUR	06/30/17	9,808.000	9,808.00	.00	.00	9,808.00	.00
	PUR	07/31/17	31,842.000	31,842.00	.00	.00	31,842.00	.00
	SAL	08/31/17	39,159.000	39,159.00	.00	.00	39,159.00	.00
	PUR	09/30/17	11,258.000	11,258.00	.00	.00	11,258.00	.00
	SAL	10/31/17	26,151.000	26,151.00	.00	.00	26,151.00	.00
	SAL	11/30/17	6,177.000	6,177.00	.00	.00	6,177.00	.00
	PUR	12/29/17	15,009.000	15,009.00	.00	.00	15,009.00	.00
5 PURCHASES FOR			7 SALES FOR	86,119.00	ISSUE	AGGREGATE TOTAL	161,703.00	
75,584.00								

Schedule SB, Part V, Statement of Actuarial Assumptions/Methods
QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN
EIN/PN: 38-3464466 / 002

Actuarial Assumption Item	Annual Actuarial Valuation	ASC 960 Calculations																								
Interest	The interest rates used to determine the minimum contribution reflect the interest rate stabilization provisions of the Highway and Transportation Funding Act of 2014. <table><tr><td></td><td><u>Maximum</u></td><td><u>Minimum</u></td></tr><tr><td>Effective rate:</td><td>4.21%</td><td>6.00%</td></tr><tr><td>Segment rates:</td><td></td><td></td></tr><tr><td>Years under 5:</td><td>1.52%</td><td>4.16%</td></tr><tr><td>Years 5 through 20:</td><td>3.78%</td><td>5.72%</td></tr><tr><td>Years over 20:</td><td>4.76%</td><td>6.48%</td></tr></table>		<u>Maximum</u>	<u>Minimum</u>	Effective rate:	4.21%	6.00%	Segment rates:			Years under 5:	1.52%	4.16%	Years 5 through 20:	3.78%	5.72%	Years over 20:	4.76%	6.48%	7.0% per annum						
	<u>Maximum</u>	<u>Minimum</u>																								
Effective rate:	4.21%	6.00%																								
Segment rates:																										
Years under 5:	1.52%	4.16%																								
Years 5 through 20:	3.78%	5.72%																								
Years over 20:	4.76%	6.48%																								
Mortality	According to the IRS 2017 Optional Combined Table for Small Plans (Males/Females).	RP2014 base rates projected to 2017 with scale MP2017																								
Retirement	Rates of retirement are based upon age only. Rates are shown below: <table><tr><td><u>Age</u></td><td><u>Rate</u></td><td><u>Age</u></td><td><u>Rate</u></td></tr><tr><td>55</td><td>5%</td><td>60-61</td><td>10%</td></tr><tr><td>56</td><td>6%</td><td>62</td><td>15%</td></tr><tr><td>57</td><td>7%</td><td>63-64</td><td>10%</td></tr><tr><td>58</td><td>8%</td><td>65</td><td>100%</td></tr><tr><td>59</td><td>9%</td><td></td><td></td></tr></table>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	55	5%	60-61	10%	56	6%	62	15%	57	7%	63-64	10%	58	8%	65	100%	59	9%			Same as Annual Valuation
<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>																							
55	5%	60-61	10%																							
56	6%	62	15%																							
57	7%	63-64	10%																							
58	8%	65	100%																							
59	9%																									
Withdrawal	Rates of termination are based upon age and service. Sample rates for selected ages and service based factors applied to rates are shown. <table><tr><td><u>Age</u></td><td><u>Rate</u></td><td><u>Service</u></td><td><u>Factor</u></td></tr><tr><td>25</td><td>11.62%</td><td>Under 2</td><td>5.00</td></tr><tr><td>30</td><td>11.21%</td><td>2 to 3</td><td>4.00</td></tr><tr><td>40</td><td>9.40%</td><td>3 to 4</td><td>3.00</td></tr><tr><td>50</td><td>4.83%</td><td>4 to 5</td><td>2.00</td></tr><tr><td>55</td><td>0.00%</td><td>Over 5</td><td>1.00</td></tr></table>	<u>Age</u>	<u>Rate</u>	<u>Service</u>	<u>Factor</u>	25	11.62%	Under 2	5.00	30	11.21%	2 to 3	4.00	40	9.40%	3 to 4	3.00	50	4.83%	4 to 5	2.00	55	0.00%	Over 5	1.00	Same as Annual Valuation
<u>Age</u>	<u>Rate</u>	<u>Service</u>	<u>Factor</u>																							
25	11.62%	Under 2	5.00																							
30	11.21%	2 to 3	4.00																							
40	9.40%	3 to 4	3.00																							
50	4.83%	4 to 5	2.00																							
55	0.00%	Over 5	1.00																							
Salary Increase	Salaries are assumed to increase at the rate of 3.5% per annum.	5.0% per annum																								
Asset Valuation Method	Market Value	Same as Annual Valuation																								

Schedule SB, Part V, Statement of Actuarial Assumptions/Methods
QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN
EIN/PN: 38-3464466 / 002

Actuarial Assumption Item	Annual Actuarial Valuation	ASC 960 Calculations
Actuarial Cost Methods	Unit Credit Accrued Benefit Cost Method (For Determining the Minimum and Maximum Permissible Contributions) This is the mandated actuarial method to be used in determining contribution requirements and limits under the Pension Protection Act of 2006. This method determines the present value of benefits accrued to date under the provisions of the plan and ignores any further benefit accruals through salary and service increases.	Same as Annual Valuation

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 <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information			
1a Name of plan	QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN	1b Three-digit plan number (PN) ▶	002
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) QUALITOR, INC. 1840 MCCULLOUGH LIMA OH 45801	1c Effective date of plan 05/14/1999	2b Employer Identification Number (EIN) 38-3464466	2c Plan Sponsor's telephone number 419-993-8176
		2d Business code (see instructions) 336300	

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		<u>10/11/18</u> Date	TERESA HOLDEN
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		<u>10/11/18</u> Date	TERESA HOLDEN
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	 	 Date	 Enter name of individual signing as DFE
	Signature of DFE		

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 111
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) 0
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 43
c Other retired or separated participants entitled to future benefits	6c 62
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 105
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 5
f Total. Add lines 6d and 6e	6f 110
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	
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)** ☐ **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 _____

5% REPORT BY ASSET-AGGREGATE

70-70-002-8205742

01/01/17 THROUGH 12/31/17

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	VALUATION		BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
					1,444,161.40	THRESHOLD				
BLACKROCK FDS II STRG OPP INSTL	SAL	01/05/17	2,044,990	20,143.15			.00	.00	20,000.00	143.15
	PUR	08/09/17	5,995,477	59,595.04			.00	.00	59,595.04	.00
	PUR	10/30/17	3,215,233	32,088.03			.00	.00	32,088.03	.00
2 PURCHASES FOR		91,683.07	1 SALES FOR	20,143.15	ISSUE AGGREGATE TOTAL				111,826.22	
DODGE & COX INCOME FD	SAL	01/05/17	5,510,654	75,000.00			.00	.00	75,315.14	-315.14
	SAL	04/18/17	21,912,155	300,634.77			.00	.00	299,477.52	1,157.25
	PUR	08/09/17	1,309,046	18,143.38			.00	.00	18,143.38	.00
	PUR	10/30/17	1,767,390	24,407.66			.00	.00	24,407.66	.00
2 PURCHASES FOR		42,551.04	2 SALES FOR	375,634.77	ISSUE AGGREGATE TOTAL				418,185.81	
DOUBLELINE TOTAL RETURN BOND I	PUR	01/06/17	9,372,071	100,000.00			.00	.00	100,000.00	.00
	SAL	04/18/17	3,893,322	41,736.41			.00	.00	41,541.75	194.66
	PUR	08/09/17	1,470,299	15,761.61			.00	.00	15,761.61	.00
	PUR	10/30/17	2,518,997	26,902.89			.00	.00	26,902.89	.00
3 PURCHASES FOR		142,664.50	1 SALES FOR	41,736.41	ISSUE AGGREGATE TOTAL				184,400.91	
HARBOR CAPITAL APPRECIATION FUND INSTITUTIONAL CLASS	SAL	04/18/17	247,426	15,474.04			.00	.00	14,969.27	504.77
	SAL	06/22/17	876,923	59,446.64			.00	.00	53,053.83	6,392.81
	SAL	09/07/17	44,405	3,159.43			.00	.00	2,686.50	472.93
0 PURCHASES FOR		.00	3 SALES FOR	78,080.11	ISSUE AGGREGATE TOTAL				78,080.11	
ISHARES DOW JONES SELECT DIV IND	PUR	04/20/17	469,000	42,513.96			18.76	.00	42,532.72	.00
	SAL	06/26/17	93,000	8,660.38			3.72	.19	8,433.98	222.48
	SAL	10/31/17	376,000	35,683.64			15.04	.82	34,098.73	1,569.05
1 PURCHASES FOR		42,513.96	2 SALES FOR	44,344.02	ISSUE AGGREGATE TOTAL				86,857.98	
ISHARES BARCLAYS TIPS BOND FUND	PUR	04/20/17	384,000	44,225.35			15.36	.00	44,240.71	.00
	SAL	08/11/17	384,000	43,674.82			15.36	1.01	44,240.71	-582.26
1 PURCHASES FOR		44,225.35	1 SALES FOR	43,674.82	ISSUE AGGREGATE TOTAL				87,900.17	
ISHARES CORE S&P 500 ETF	PUR	01/09/17	40,000	9,094.40			1.60	.00	9,096.00	.00
	PUR	04/20/17	407,000	95,469.99			16.28	.00	95,486.27	.00
	PUR	06/26/17	168,000	41,277.92			6.72	.00	41,284.64	.00
	PUR	08/11/17	19,000	4,752.95			.76	.00	4,753.71	.00
	SAL	09/08/17	364,000	90,545.14			14.56	2.09	84,884.13	5,044.36
	PUR	10/31/17	69,000	17,874.02			2.76	.00	17,876.78	.00
5 PURCHASES FOR		168,469.28	1 SALES FOR	90,545.14	ISSUE AGGREGATE TOTAL				259,014.42	
ISHARES MSCI EAFE INDEX FD	PUR	04/20/17	951,000	58,819.35			38.04	.00	58,857.39	.00
	PUR	08/11/17	443,000	29,824.27			17.72	.00	29,841.99	.00
	SAL	10/31/17	413,000	28,541.44			16.52	.66	26,276.94	2,246.52

5% REPORT BY ASSET-AGGREGATE

70-70-002-8205742

01/01/17 THROUGH 12/31/17

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	VALUATION	1,444,161.40 THRESHOLD	72,208.07
JPMORGAN CORE BOND FUND 3720 CLASS 1	2 PURCHASES FOR	88,643.62	1 SALES FOR	28,541.44	ISSUE AGGREGATE TOTAL		117,185.06		
	PUR 04/19/17		9,058.950	105,717.95	.00	.00	105,717.95		.00
	SAL 08/09/17		2,677.886	31,224.15	.00	.00	31,250.93		-26.78
	SAL 10/30/17		6,381.064	74,020.34	.00	.00	74,467.02		-446.68
	1 PURCHASES FOR	105,717.95	2 SALES FOR	105,244.49	ISSUE AGGREGATE TOTAL		210,962.44		
LITMAN GREGORY MASTERS ALT STRATEGIES INSTL	PUR 01/06/17		5,217.390	59,999.99	.00	.00	59,999.99		.00
	PUR 04/18/17		16,440.560	189,559.66	.00	.00	189,559.66		.00
	PUR 06/22/17		505.611	5,895.43	.00	.00	5,895.43		.00
	PUR 08/09/17		701.738	8,182.26	.00	.00	8,182.26		.00
	PUR 10/30/17		630.265	7,367.80	.00	.00	7,367.80		.00
	5 PURCHASES FOR	271,005.14	0 SALES FOR	.00	ISSUE AGGREGATE TOTAL		271,005.14		
MFS VALUE FUND CLASS 1	SAL 04/18/17		2,463.651	92,707.17	.00	.00	75,618.96		17,088.21
	PUR 06/22/17		397.123	15,602.97	.00	.00	15,602.97		.00
	1 PURCHASES FOR	15,602.97	1 SALES FOR	92,707.17	ISSUE AGGREGATE TOTAL		108,310.14		
DANA LARGE CAP EQUITY INSTITUTIONAL	PUR 09/08/17		4,230.070	90,396.59	.00	.00	90,396.59		.00
	PUR 10/30/17		752.313	17,077.51	.00	.00	17,077.51		.00
	2 PURCHASES FOR	107,474.10	0 SALES FOR	.00	ISSUE AGGREGATE TOTAL		107,474.10		
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL 01/31/17		635.000	635.00	.00	.00	635.00		.00
	SAL 02/28/17		6,404.000	6,404.00	.00	.00	6,404.00		.00
	SAL 03/31/17		1,579.000	1,579.00	.00	.00	1,579.00		.00
	PUR 04/30/17		7,667.000	7,667.00	.00	.00	7,667.00		.00
	SAL 05/31/17		6,014.000	6,014.00	.00	.00	6,014.00		.00
	PUR 06/30/17		9,808.000	9,808.00	.00	.00	9,808.00		.00
	PUR 07/31/17		31,842.000	31,842.00	.00	.00	31,842.00		.00
	SAL 08/31/17		39,159.000	39,159.00	.00	.00	39,159.00		.00
	PUR 09/30/17		11,258.000	11,258.00	.00	.00	11,258.00		.00
	SAL 10/31/17		26,151.000	26,151.00	.00	.00	26,151.00		.00
	SAL 11/30/17		6,177.000	6,177.00	.00	.00	6,177.00		.00
	PUR 12/29/17		15,009.000	15,009.00	.00	.00	15,009.00		.00
	5 PURCHASES FOR	75,584.00	7 SALES FOR	86,119.00	ISSUE AGGREGATE TOTAL		161,703.00		

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 QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF QUALITOR, INC.	D Employer Identification Number (EIN) 38-3464466
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2017			
2 Assets:			
a Market value.....	2a	1,471,385	
b Actuarial value	2b	1,471,385	
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	0	0	0
b For terminated vested participants	63	887,082	887,082
c For active participants	48	836,137	836,137
d Total	111	1,723,219	1,723,219
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	6.00%	
6 Target normal cost	6	0	

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 KATHLEEN E. MANNING, F.S.A.	Date 10/2/2018
Type or print name of actuary MWM CONSULTING GROUP		Most recent enrollment number 312-987-9097
Firm name 55 E. JACKSON BLVD., SUITE 1000 CHICAGO IL 60604-4466		Telephone number (including area code)
Address of the firm		

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

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

Schedule SB (Form 5500) 2017

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....		
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of _____ %.....		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		317
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.19</u> %.....		20
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.....		337
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages

14 Funding target attainment percentage.....	14	85.38%
15 Adjusted funding target attainment percentage.....	15	85.38%
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	84.99%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/25/2017	1,966	0			
07/12/2017	36,154	0			
10/13/2017	19,060	0			
02/09/2018	19,060	0			
Totals ▶			18(b)	76,240	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	72,966

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 3
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	0	
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	251,834	45,881	
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	45,881	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	45,881	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	72,966	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	27,085	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB, Line 22, Description of Weighted Average Retirement Age

QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN EIN/PN: 38-3464466 / 002

The retirement age shown is based on an employee who fulfilled the minimum requirement for early eligibility and is calculated in accordance with the following formula which generally assumes employees terminate at the middle of the year.

$$\sum_{t=0}^{FRA-ERA} ({}_t p_{ERA}) * (q_r ERA + t) * (ERA + t + \frac{1}{2})$$

Note (1)

$$\sum_{t=0}^{FRA-ERA} ({}_t p_{ERA}) * (q_r ERA + t)$$

Note (1) the $\frac{1}{2}$ in the formula shown above is not used for $t = FRA-ERA$.

In the formula shown above ${}_t p_{ERA}$ is calculated using all of the decrements, and the $q_r ERA + t$ represents the sum of the applicable retirement decrements.

Also, ERA represents the earliest retirement age and FRA represents the age at which everyone is assumed to retire.

Schedule SB, Line 19, Discounted Employer Contributions

QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN

EIN/PN: 38-3464466 / 002

LY Valuation Date	1/1/2017	Quarterly Due Dates
Val Date	1/1/2018	04/15/2017
Prior Year Effective Rate	6.00%	07/15/2017
MRC w/out regard to CB	45,881	10/15/2017
Quarterly	10,323	01/15/2018
Apply Credit Balances to Residual	No	09/15/2018

2. Funding Standard Carryover Balance

a. Prior year balance	-
b. MRC w/out regard to CB	45,881
c. Balance applied to MRC	-
d. Interest	-
e. Current year balance	-

3. Pre-Funding Balance

a. Prior year balance	-
b. Balance applied to MRC	-
c. Contributions disc to BOY	72,966
d. Amount added to balance	27,085
e. Interest	1,625
g. Current Year Balance	28,710

Contributions Made			Quarterly Applied to					Discounted					Totals			
Cash / Credit Balance	Date Made	Amount	1	2	3	4	Residual	1	2	3	4	Residual	Total	Cash	Carryover	Prefunding
Cash	05/25/2017	1,966	1,966	-	-	-	-	1,912	-	-	-	-	1,912	1,912	-	-
Cash	07/12/2017	36,154	8,357	10,323	10,323	7,151	-	8,015	10,011	10,011	6,935	-	34,972	34,972	-	-
Cash	10/13/2017	19,060	-	-	-	3,172	15,888	-	-	-	3,031	15,181	18,212	18,212	-	-
Cash	02/09/2018	19,060	-	-	-	-	19,060	-	-	-	-	17,870	17,870	17,870	-	-
Cash	09/14/2018	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cash	09/15/2012	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals		76,240											72,966	72,966	-	-

Schedule SB, Part V, Summary of Plan Provisions
QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN
EIN/PN: 38-3464466 / 002

Item	Provisions for International Brake Industries, Inc.		
Effective Date	May 14, 1999.		
Eligibility for Participation	Hourly union employees of International Brake Industries, Inc. represented by UAW Local 975.		
Vesting Service	An employee shall be credited with service for vesting purposes in accordance with the applicable Masco Tech plan for service prior to May 14, 1999. Thereafter, 1,000 hours in a plan year equal one year of vesting service.		
Credited Service	An employee receives a full year of credited service for each plan year in which he is credited with 1,800 or more hours of service. Partial credit is given for less than 1,800 hours of service. Service credit is given prior to May 14, 1999 for service with Masco Tech. The facility was closed on May 20, 2011. No further service will be earned after that date.		
Normal Retirement Pension	Eligibility	Age 65.	
	Monthly Benefit	The monthly amount payable at normal retirement for each year of credited service is as follows:	
	For Retirement		Monthly Amount
	On or After	On or Before	
	05/14/1999	01/08/2002	\$11.00
	01/09/2002	01/08/2004	\$12.00
	01/09/2004	01/31/2006	\$13.00
	02/01/2006	01/08/2008	\$14.00
	01/09/2008	-----	\$15.00
	Plus \$1/month for each year of service after 1/8/2011 Less offset for benefit accrued under the Masco Tech plan.		

Schedule SB, Part V, Summary of Plan Provisions
QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN
EIN/PN: 38-3464466 / 002

Item	Provisions for International Brake Industries, Inc.	
Early Retirement Pension	Eligibility	Age 55 and 5 years of service.
	Benefit 1%	Accrued pension deferred to age 65, or immediate pension equal to accrued pension reduced 5/9ths of for each of the first 60 months and by 5/18ths of 1% for each of the next 60 months by which the employee's actual retirement date precedes his normal retirement date.
Disability Retirement Pension	Eligibility	Total and permanent disability after 10 years of service.
	Benefit	Accrued pension payable immediately with no reduction for early commencement.
Deferred Vested Pension	Eligibility	5 years of vesting service.
	Benefit	Accrued pension deferred to age 65, or reduced pension at age 55. Reduction is the same as for early retirement.
Spouse's Benefit	Eligibility	Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date which could have been elected by the participant.
	Benefit the	50% of the benefit which would have been payable to employee had he retired with a 50% joint and survivor benefit on the later of the date of death or the date the employee would have first been eligible to receive his benefit.
Normal Form of Benefit	Single	Life annuity.
	Married	50% joint and survivor annuity.
Optional Form of Benefits	(1) Life annuity. (2) 50% joint and survivor annuity (3) 75% joint and survivor annuity (4) 100% joint and survivor annuity (5) 10 year certain and life annuity	
Contributions	Noncontributory	

Schedule SB, Part V, Summary of Plan Provisions

QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN

EIN/PN: 38-3464466 / 002

Item	Provisions for McGuane Industries Inc.		
Effective Date	May 14, 1999.		
Eligibility for Participation	Union employees of McGuane, Industries, Inc. represented by UAW Local 708.		
Vesting Service	An employee shall be credited with service for vesting purposes in accordance with the applicable Masco Tech plan for service prior to May 14, 1999. Thereafter, 1,000 hours in a plan year equal one year of vesting service.		
Credited Service	An employee receives a full year of credited service for each plan year in which he is credited with 1,800 or more hours of service. Partial credit is given for less than 1,800 hours of service. Service credit is given prior to May 14, 1999 with Masco Tech.		
Normal Retirement Pension	Eligibility	Age 65.	
	Monthly Benefit	The monthly amount payable at normal retirement for each year of credited service is as follows:	
	For Retirement		Monthly Amount
	On or After	On or Before	
	05/14/1999	12/31/2000	\$17.00
	01/01/2001	12/31/2001	\$18.00
	01/01/2002	12/31/2005	\$19.00
	01/01/2006	12/31/2007	\$20.00
	01/01/2008	12/31/2011	\$21.00
	01/01/2012	12/31/2013	\$22.00
01/01/2014	-----	\$23.00	
Less offset for benefit accrued under the Masco Tech plan.			

Schedule SB, Part V, Summary of Plan Provisions
QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN
EIN/PN: 38-3464466 / 002

Item	Provisions for McGuane Industries Inc.	
Early Retirement Pension	Eligibility	Age 60 and 5 years of service.
	Benefit	Accrued pension deferred to age 65, or immediate pension equal to accrued pension reduced 6/10ths of 1% for each month by which the employee's actual retirement date precedes his normal retirement date.
Disability Retirement Pension	Eligibility	Total and permanent disability after 10 years of service.
	Benefit	Accrued pension payable immediately with no reduction for early commencement.
Deferred Vested Pension	Eligibility	5 years of vesting service.
	Benefit	Accrued pension deferred to age 65, or reduced pension at age 60. Reduction is the same as for early retirement.
	Eligibility	Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date which could have been elected by the participant.
	Benefit	50% of the benefit which would have been payable to the employee had he retired with a 50% joint and survivor benefit on the later of the date of death or the date the employee would have first been eligible to receive his benefit.
Normal Form of Benefit	Single	Life annuity.
	Married	50% joint and survivor annuity.
Optional Form of Benefits	(1) Life annuity. (2) 50% joint and survivor annuity (3) 100% joint and survivor annuity (4) 10 year certain and life annuity	
Contributions	Noncontributory	

Qualitor, Inc. Master Union Employees' Pension Plan
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2017

Identity of Issue, Borrower or Similar Party	Description of Investments	Cost	Current Value
	Money Market		
*Fifth Third Bank	Federated Prime Value Obligations Fund Service Shares	\$ 62,093	\$ 62,093
	Mutual Funds		
*Fifth Third Bank	Dodge & Cox Income Fund	112,362	113,016
*Fifth Third Bank	Hotchkis & Wiley Funds High Yield	31,560	32,128
*Fifth Third Bank	TCW Inc Emerging Mkts Income CL I Fund	46,909	48,403
Black Rock	Black Rock FDS II Strategic Opp Institutional	91,683	91,739
DoubleLine Funds	Doubleline Total Return Bond I	101,123	100,645
Harbor Funds	Loevnier Intl Equity Inst	63,692	68,989
Seafarer Pension	Seafarer Overseas GR and Income IS	27,150	32,119
Harbor Funds	Harbor Capital Appreciation Fund Instl CL	64,881	79,529
*Fifth Third Bank	IShares Core S&P 500	187,442	214,811
*Fifth Third Bank	IShares MSCI Emerging Mkt Indx	33,928	40,617
*Fifth Third Bank	IShares MSCI Eafe Index Fund	62,420	68,974
*Fifth Third Bank	IShares Core S&P Mid-Cap ETF	12,256	13,474
*Fifth Third Bank	IShares Core S&P Small-Cap ETF	17,412	19,203
*Fifth Third Bank	Litman Gregory Masters Alt Strategies	271,005	274,663
Vanguard	Vanguard REIT ETF Fund	65,003	65,305
*Fifth Third Bank	Victory Sycamore Est Value I	14,793	16,388
Wells Fargo	Wells Fargo FDS TR Special Small Cap Val 1	11,012	11,739
WisdomTree	Wisdomtree Europe Hedged Equity Fund	32,506	32,874
MFS Investment	MFS Value Fund Class I	57,940	63,851
Principal	Principal Midcap Blend Fund	9,948	12,067
T Rowe Price	T Rowe Price New Horizons Fund	9,544	11,059
*Fifth Third Bank	UBS E-Tracs Alerian MLP Infrastr ENT	38,210	33,914
*Fifth Third Bank	Dana Large Cap Equity Institutional	107,464	113,748
OppenheimerFunds	Oppenheimer Developing Markets Class I	12,859	17,272
		<u>\$1,545,205</u>	<u>\$1,638,620</u>

* Parties-in-interest.

Schedule SB, Line 32a, Schedule of Amortization Payments

QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN
EIN/PN: 38-3464466 / 002

Item	Unfunded Accrued Liability		Amortization Payment		Outstanding Balance on 1/1/2017
	Amount	Established	Remaining Periods	Payment on 1/1	
Funding Target Shortfall	\$ 40,364	1/1/11	1 year	\$ 6,616	\$ 6,616
Funding Target Shortfall	\$(102,276)	1/1/12	2 years	\$ (17,359)	\$ (34,025)
Funding Target Shortfall	\$ 54,155	1/1/13	3 years	\$ 9,113	\$ 26,262
Funding Target Shortfall	\$ 7,711	1/1/14	4 years	\$ 1,291	\$ 4,863
Funding Target Shortfall	\$ 54,164	1/1/15	5 years	\$ 9,008	\$ 41,583
Funding Target Shortfall	\$ 169,647	1/1/16	6 years	\$ 28,030	\$ 150,618
Funding Target Shortfall	\$ 55,917	1/1/17	7 years	\$ 9,182	\$ 55,917
Total				\$ 45,881	\$ 251,834