

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> 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 <u>MPG RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
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>METALDYNE PERFORMANCE GROUP, INC.</u> <u>ONE DAUCH DRIVE</u> <u>DETROIT, MI 48211-1115</u>	1c Effective date of plan <u>10/16/2009</u>		
	2b Employer Identification Number (EIN) <u>47-1420222</u>		
	2c Plan Sponsor's telephone number <u>313-758-2000</u>		
	2d Business code (see instructions) <u>332900</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.	10/10/2018	TERRI M. KEMP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2018	CHRISTOPHER J. MAY
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 8161
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) 7532
a(2) Total number of active participants at the end of the plan year	6a(2) 7275
b Retired or separated participants receiving benefits	6b 13
c Other retired or separated participants entitled to future benefits	6c 715
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 8003
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 17
f Total. Add lines 6d and 6e	6f 8020
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 4705
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 70
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:

2A 2E 2F 2G 2J 2K 2T 3H

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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)** ☒ 2 **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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 MPG RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 METALDYNE PERFORMANCE GROUP, INC.	D Employer Identification Number (EIN) 47-1420222

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

1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	SAGIC 21015	1266	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
--	---

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 26344367**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY**b** Balance at the end of the previous year **7b** 18543087**c** Additions: (1) Contributions deposited during the year **7c(1)** 1527229
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 751940
(4) Transferred from separate account **7c(4)** 9372857
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 11652026**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 30195113**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 3848302
(2) Administration charge made by carrier **7e(2)** 2444
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 3850746**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 26344367

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 MPG RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 METALDYNE PERFORMANCE GROUP, INC.	D Employer Identification Number (EIN) 47-1420222

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

1 Coverage Information:

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61270	613953	0	01/01/2017	04/10/2017

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
--	---

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST

b Balance at the end of the previous year	7b	5440710
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	16023
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	16023
d Total of balance and additions (add lines 7b and 7c(6))	7d	5456733
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	155330
(2) Administration charge made by carrier	7e(2)	160
(3) Transferred to separate account	7e(3)	5301243
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	5456733
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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 MPG RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 METALDYNE PERFORMANCE GROUP, INC.	D Employer Identification Number (EIN) 47-1420222	

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)

WELLS FARGO ADVISORS

36-4019175

(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?
27 50	INVESTMENT ADVISOR	100000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INV. INST. OPER. CO.

04-2647786

(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?
37 64 65	RECORDKEEPER	45795	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PLANTE & MORAN, PLLC

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	38500	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
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
GLOBAL TRUST COMPANY 30-6406015	0.25% OF PLAN ASSETS	
(a) Enter service provider name as it appears on line 2		
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
GLOBAL TRUST COMPANY 30-6406015	0.25% OF PLAN ASSETS	
(a) Enter service provider name as it appears on line 2		
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
GLOBAL TRUST COMPANY 30-6406015	0.25% OF PLAN ASSETS	

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
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation GLOBAL TRUST COMPANY 30-6406015		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.25% OF PLAN ASSETS		
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation GLOBAL TRUST COMPANY 30-6406015		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.25% OF PLAN ASSETS		
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation GLOBAL TRUST COMPANY 30-6406015		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.25% OF PLAN ASSETS		

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
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation GLOBAL TRUST COMPANY 30-6406015		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.25% OF PLAN ASSETS		
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation GLOBAL TRUST COMPANY 30-6406015		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.25% OF PLAN ASSETS		
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation GLOBAL TRUST COMPANY 30-6406015		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.25% OF PLAN ASSETS		

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
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation GLOBAL TRUST COMPANY 30-6406015		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.25% OF PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 FIDELITY INV. INST. OPER. CO.		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation BOSTON FINANCIAL DATA SERV. P.O. BOX 8480 BOSTON, MA 02266		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.10% OF PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 FIDELITY INV. INST. OPER. CO.		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation BNY MELLON INV. SERVICING P.O. BOX 9793 PROVIDENCE, RI 02940		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.15% OF PLAN ASSETS		

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
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FEDERATED INV. TRUST COMPANY 22-2712853	0.05% OF PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN TEMPLETON INV. SER. 94-3167260	0.15% OF PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD ADMIN. SERVICES CO. 41-0679409	0.15% OF PLAN ASSETS	

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
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
HARTFORD ADMIN. SERVICES CO. 41-0679409	0.20% OF PLAN ASSETS	
(a) Enter service provider name as it appears on line 2		
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
INVESCO INVESTMENT SERVICES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.20% OF PLAN ASSETS	
(a) Enter service provider name as it appears on line 2		
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
INVESCO CANADA LTD. 5140 YONGE STREET, SUITE 900 TORONTO, ONTARIO M2N 6X7 CA	0.35% OF PLAN ASSETS	

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
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DST ASSET MANAGER SOLUTIONS P.O. BOX 8406 BOSTON, MA 02266		0.15% OF PLAN ASSETS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS SERVICE CENTER, INC. 04-2865649		0.15% OF PLAN ASSETS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INST. OPER. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIS INVESTOR SERVICES, LLC 4249 EASTON WAY, SUITE 400 COLUMBUS, OH 43219		0.10% OF PLAN ASSETS

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:	PLANTE & MORAN, PLLC	b EIN:	38-1357951
c Position:	AUDITOR		
d Address:	27400 NORTHWESTERN HIGHWAY SOUTHFIELD, MI 48037-0307	e Telephone:	248-352-2500

Explanation: AFTER ACQUISITION OF PLAN AND PLAN SPONSOR, AMERICAN AXLE & MANUFACTURING, INC. REASSIGNED THE AUDITS OF THESE BENEFIT PLANS TO ONE AUDITOR.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>MPG RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>METALDYNE PERFORMANCE GROUP, INC.</u>	D Employer Identification Number (EIN) <u>47-1420222</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER. CENTURY RET. INCOME TRUST VI</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>30-6406015-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4119683</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER. CENTURY RET. 2020 TRUST VI</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>30-6406015-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26802967</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER. CENTURY RET. 2025 TRUST VI</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>30-6406015-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17586539</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER. CENTURY RET. 2030 TRUST VI</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>30-6406015-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37211738</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER. CENTURY RET. 2035 TRUST VI</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>30-6406015-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10059648</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER. CENTURY RET. 2040 TRUST VI</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>30-6406015-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19317766</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMER. CENTURY RET. 2045 TRUST VI</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>30-6406015-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4739988</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: AMER. CENTURY RET. 2050 TRUST VI**b** Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 30-6406015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8680889
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: AMER. CENTURY RET. 2055 TRUST VI**b** Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 30-6406015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2456960
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: AMER. CENTURY RET. 2060 TRUST VI**b** Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 30-6406015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 550869
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED CAPITAL PRESERVATION FUND**b** Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST COMPANY

c EIN-PN 22-2712853-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

<div>SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>Financial Transaction Schedules</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
--	--	---

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan MPG RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 METALDYNE PERFORMANCE GROUP, INC.	D Employer Identification Number (EIN) 47-1420222

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
--------	--

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT E	EMPLOYEE OF JERNBERG IND.	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2012, 4.25% INTEREST RATE, MATURES 3/7/42	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	15000		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT R	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2013, 3.25% INTEREST RATE, MATURES 3/23/18	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	50000		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT S	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2013, 3.25% INTEREST RATE, MATURES 9/7/18	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	24000		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT V	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2013, 3.25% INTEREST RATE, MATURES 1/26/18	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	10970		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT W	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2014, 3.25% INTEREST RATE, MATURES 5/3/19	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	5000		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT X	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2014, 3.25% INTEREST RATE, MATURES 7/26/19	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	4000		

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price	
PARTICIPANT AA		EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2013, 3.25% INTEREST RATE, MATURES 5/18/18		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
	3500				
(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price	
PARTICIPANT AD		EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2013, 3.25% INTEREST RATE, MATURES 2/16/18		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
	42000				
(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price	
PARTICIPANT AE		EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2013, 3.25% INTEREST RATE, MATURES 10/19/18		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
	25000				
(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price	
PARTICIPANT AF		EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2014, 3.25% INTEREST RATE, MATURES 6/28/19		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
	19000				
(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price	
PARTICIPANT AG		EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2014, 3.25% INTEREST RATE, MATURES 4/12/19		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
	15600				
(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price	
PARTICIPANT AH		EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2013, 3.25% INTEREST RATE, MATURES 3/16/18		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
	18000				

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT AJ	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2014, 3.25% INTEREST RATE, MATURES 11/8/19	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	11500		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT AK	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2015, 3.25% INTEREST RATE, MATURES 12/6/19	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	26700		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT AL	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2014, 3.25% INTEREST RATE, MATURES 5/24/19	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	12000		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT AN	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2014, 3.25% INTEREST RATE, MATURES 9/13/19	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	10000		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT AO	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2014, 3.25% INTEREST RATE, MATURES 5/10/19	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	10000		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT AR	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2013, 3.25% INTEREST RATE, MATURES 7/27/18	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	10000		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT AV	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2013, 3.25% INTEREST RATE, MATURES 4/20/18	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	8700		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT AW	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2012, 3.25% INTEREST RATE, MATURES 12/29/17	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	9000		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT AZ	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2013, 3.25% INTEREST RATE, MATURES 10/26/18	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	6000		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT BB	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2013, 3.25% INTEREST RATE, MATURES 8/2/19	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	5000		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT BJ	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2013, 3.25% INTEREST RATE, MATURES 4/27/18	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	3800		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT BQ	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2015, 3.25% INTEREST RATE, MATURES 1/3/20	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	10900		

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT BR	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2015, 3.25% INTEREST RATE, MATURES 6/15/18	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	7000		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT BS	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2015, 3.25% INTEREST RATE, MATURES 10/16/20	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	4628		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT BY	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2015, 3.25% INTEREST RATE, MATURES 4/22/22	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	7800		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT CD	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2015, 3.25% INTEREST RATE, MATURES 7/24/20	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	1335		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT CE	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2015, 3.25% INTEREST RATE, MATURES 8/21/20	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	6343		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT CH	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2015, 3.25% INTEREST RATE, MATURES 4/20/18	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	5000		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT CK	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2014, 3.25% INTEREST RATE, MATURES 11/23/18	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	3500		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT CP	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2014, 3.25% INTEREST RATE, MATURES 5/24/19	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	650		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT CT	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2015, 3.25% INTEREST RATE, MATURES 8/16/19	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	3200		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
PARTICIPANT CZ	EMPLOYEE OF HHI FORMTECH, LLC	INELIGIBLE PARTICIPANT LOAN ISSUED DURING 2015, 3.25% INTEREST RATE, MATURES 11/16/18	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
	3500		
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
(i) Current value of asset	(j) Net gain (or loss) on each transaction		
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
(i) Current value of asset	(j) Net gain (or loss) on each transaction		

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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>MPG RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>METALDYNE PERFORMANCE GROUP, INC.</u>	D Employer Identification Number (EIN) <u>47-1420222</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)	44474	
(2) Participant contributions	1b(2)	115868	
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	496395	651179
(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)	8187060	7279080
(9) Value of interest in common/collective trusts.....	1c(9)	108673119	131527047
(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)	120731194	138419846
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	23983797	26344367
(15) Other	1c(15)	98449	130261

		(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	262330356 304351780
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	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	262330356 304351780

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	5677117
	(B) Participants	2a(1)(B)	16871324
	(C) Others (including rollovers)	2a(1)(C)	4172156
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	26720597
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8374
	(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)	356655
	(F) Other	2b(1)(F)	810242
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1175271
(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)	4709229
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	4709229
(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)	
(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)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		15015689
(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)		19919500
c Other income	2c		153004
d Total income. Add all income amounts in column (b) and enter total.....	2d		67693290

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	30281018	
(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)		30281018
f Corrective distributions (see instructions)	2f		3515
g Certain deemed distributions of participant loans (see instructions).....	2g		137870
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	38500	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	145955	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		184455
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		30606858

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		37086432
l Transfers of assets:			
(1) To this plan.....	2l(1)		4934992
(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: **GEORGE JOHNSON & COMPANY**

(2) EIN: **38-2029668**

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		2191010
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		398626
e Was this plan covered by a fidelity bond?	4e	X		10000000
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		X	
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		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

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>MPG RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>METALDYNE PERFORMANCE GROUP, INC.</u>	D Employer Identification Number (EIN) <u>47-1420222</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	
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>04-6568107</u> <u>04-2777224</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	

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): _____

MPG RETIREMENT PLAN

FINANCIAL STATEMENTS
(With Supplementary Information)

December 31, 2017 and 2016

MPG RETIREMENT PLAN

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR’S REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2017 and 2016	3
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2017	4
Notes to Financial Statements as of December 31, 2017 and 2016 and for the Year Ended December 31, 2017	5
SUPPLEMENTARY INFORMATION:	
Schedule H, Item 4i — Schedule of Assets (Held at End of Year) (Unaudited)	17
Schedule H, Item 4a — Schedule of Delinquent Participant Contributions	20
Schedule G, Part III and Schedule H, Item 4d — Schedule of Nonexempt Transactions	21

INDEPENDENT AUDITOR'S REPORT

October 10, 2018

To the Participants and Plan Administrator
MPG Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the MPG Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year then ended, as well as the related notes to the financial statements.

Management's Responsibility for the Financial Statements

The Plan's 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company and Delaware Charter Guarantee and Trust Company (d/b/a Principal Trust Company), the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the trustees as of, and for the year ended, December 31, 2017 that the information provided to the Plan administrator by the trustees is complete and accurate.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

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 on the December 31, 2017 financial statements. Accordingly, we do not express an opinion on the December 31, 2017 financial statements referred to in the first paragraph.

Supplementary Information

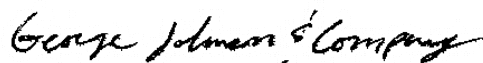
The supplemental schedules of assets (held at end of year) as of December 31, 2017, and delinquent participant contributions and nonexempt transactions for the year then ended, together referred to as "supplementary information", are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, are presented for the purpose of additional analysis, and are not a required part of the financial statements. Because of the significance of the matter described in the "Basis for Disclaimer of Opinion" paragraph, it is inappropriate to, and we do not, express an opinion on this supplementary information.

Prior-Year Financial Statements

The statement of net assets available for benefits of the Plan as of December 31, 2016 was audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Fidelity Management Trust Company and Delaware Charter Guarantee and Trust Company (d/b/a Principal Trust Company), the trustees of the Plan. Their report, dated October 11, 2017, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, they did not express an opinion on the statement of net assets available for benefits, and (b) the form and content of the information included in the statement of net assets available for benefits, other than that derived from the information certified by the trustees, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content of the Current-Year Financial Statements and Supplementary Information in Compliance with DOL Rules and Regulations

The form and content of the information included in the December 31, 2017 financial statements and supplementary information, other than that derived from the information certified by the trustees, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



CERTIFIED PUBLIC ACCOUNTANTS
Detroit, Michigan

MPG RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
ASSETS:		
Participant-directed investments (Notes 2 and 3):		
Investments at fair value:		
Registered investment companies	\$ 138,369,610	\$ 120,693,179
Money market funds	651,179	496,395
Self-directed brokerage accounts	50,236	38,015
Life insurance contracts	<u>130,261</u>	<u>98,449</u>
Total Investments at Fair Value	139,201,286	121,326,038
Investments at contract value:		
Fully benefit-responsive investment contracts (Note 4)	26,344,367	23,983,797
Investments measured at net asset value:		
Collective trust funds	<u>131,527,047</u>	<u>108,673,119</u>
Total Investments	<u>297,072,700</u>	<u>253,982,954</u>
Receivables:		
Notes receivable from participants (Note 2)	7,279,080	8,187,060
Employer contributions	-	44,474
Participant contributions	<u>-</u>	<u>115,868</u>
Total Receivables	<u>7,279,080</u>	<u>8,347,402</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 304,351,780</u></u>	<u><u>\$ 262,330,356</u></u>

See accompanying notes to financial statements.

MPG RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2017

	Participant- Directed Investments
ADDITIONS:	
Participant contributions	\$ 16,871,324
Employer contributions	5,677,117
Participant rollovers	4,172,156
	<hr/>
Total Contributions	26,720,597
Interest income on notes receivable from participants	356,655
Interest and dividend income	5,527,845
Net appreciation in fair value of investments	34,935,189
Participant revenue credits	153,004
	<hr/>
Total Additions	67,693,290
DEDUCTIONS:	
Benefits paid to participants	30,422,403
Administrative expenses	184,455
	<hr/>
Total Deductions	30,606,858
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS BEFORE PLAN TRANSFER	37,086,432
OTHER CHANGES:	
Transfer of assets from Kyklos Bearing International, LLC Savings and Retirement Plan for Salaried Employees (Note 1)	4,934,992
	<hr/>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	42,021,424
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	262,330,356
	<hr/>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	\$ 304,351,780
	<hr/> <hr/>

See accompanying notes to financial statements.

MPG RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

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

1. DESCRIPTION OF THE PLAN

General — The following description of the MPG Retirement Plan (the “Plan”) provides only general information. Participants should refer to the summary plan description for more complete details of the Plan’s provisions. Copies of the summary plan description are available from the Human Resource Department of American Axle & Manufacturing, Inc. (the “Company” or “AAM”).

The Plan, established October 16, 2009, is a defined contribution plan covering eligible employees at participating employers within Metaldyne Performance Group, Inc. and subsidiaries (“MPG”). Employees are eligible to participate in the Plan immediately upon employment, unless otherwise stipulated by a collective bargaining agreement. The Company may amend, modify, suspend, or terminate the Plan to the extent not precluded by the applicable agreements. No amendment, modification, suspension, or termination of the Plan shall have the effect of providing that any amounts then held under the Plan may be used or diverted to any purpose other than for the exclusive benefit of members or their beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Transfer of Plan Assets — As of July 12, 2017, the Plan was amended so that participants of the Kyklos Bearing International, LLC Savings and Retirement Plan for Salaried Employees (the “Kyklos Plan”), a defined contribution plan sponsored by an affiliate of MPG, and the net assets related to those participants’ account balances, were transferred to the Plan. On that date, the participants of the Kyklos Plan became participants in the Plan. The amount of net assets transferred was \$4,934,922.

Contributions — The Plan provides for each participant to contribute up to 100% of his or her eligible earnings on a pre-tax or after-tax basis, unless otherwise stipulated under a collective bargaining agreement. Participants over age 50 were eligible to contribute an additional \$6,000 as a catch-up contribution. Certain limitations exist as defined in the Plan agreement as to maximum contribution amounts. Associate participation is voluntary.

The Plan provides for discretionary employer matching and profit sharing contributions, which are subject to certain limitations in accordance with Plan provisions. The matching contribution is equal to 50% of the first 6% of employee deferrals for participants who are not members of a collective bargaining group. Company-matching contributions can be made to members of collective bargaining groups if specified in the applicable collective bargaining agreement. Certain members of collective bargaining units are also eligible to receive employer non-elective contributions in accordance with the collective bargaining agreement. There were no profit sharing contributions in 2017.

MPG RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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

1. DESCRIPTION OF THE PLAN (CONTINUED)

Vesting — Contributions made by participants shall vest immediately upon allocation to the participant's account. Each participant's employer matching contributions become fully vested upon receipt for all non-bargaining employees. For participants in the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union ("USW") and USW Local 1533-5, employer matching contributions are vested at 25% each year and are fully vested after four years of service. For participants in the United Automobile, Aerospace, and Agricultural Implement Workers of America ("UAW") and UAW Local 155 and the USW for the Jernberg locations, employer matching contributions are vested at 33% each year and are fully vested after three years of service.

Assets representing Company contributions which are not vested prior to a participant's withdrawal or termination of employment shall be applied to reduce subsequent Company contributions and to pay Plan expenses. If the Plan is terminated, any amount not so applied shall be credited ratably to the accounts of all participants. Forfeitures applied against Company contributions totaled \$81,306 in 2017. As of December 31, 2017 and 2016, the remaining balance of the forfeiture account was \$74,350 and \$9,138, respectively.

Investment Options — Participants may direct investments to be split among any of the investment fund options available.

Notes Receivable from Participants — The Plan allows participants to borrow against their account balances with repayment through payroll deductions. Loans may range from a minimum of \$1,000 to a maximum of \$50,000 or 50% of the participant's vested account balance, whichever is less.

Hardship Withdrawals — The Plan provides for early withdrawal of savings in the event of a participant's financial hardship. A financial hardship is considered to be those amounts necessary to prevent an eviction from, or mortgage foreclosure on, the participant's principal residence, extraordinary medical expenses for one or more members of the participant's immediate family not covered by insurance, post-secondary tuition for one or more members of the participant's immediate family, or the purchase or construction of a principal place of residence. A financial hardship exists only when funds are not reasonably available from the participant's other sources, and the amount withdrawn must not exceed the amount needed in the situation.

MPG RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General — The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Valuation of Investments — The Plan’s investments, except for the fully benefit-responsive investment contracts, are stated at fair value. Fair value is defined as 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 (an exit price).

The shares of registered investment companies are valued at quoted market prices that represent the asset value of the shares held by the Plan at year-end. The units of money market funds are valued at closing quoted prices reported in active markets. Self-directed brokerage accounts include various investments in publicly traded securities which are valued at the closing quoted prices reported in active markets. Life insurance policies are valued at fair value based on the cash surrender value of the policies. The units of collective trust funds are valued at their estimated net asset value, which is based on the values provided by independent pricing sources, or other methods approved by the trustee of the collective trust funds, for the underlying investments held by the collective trust funds.

The fully benefit-responsive investment contracts are stated at contract value, as described in Note 4.

Investment Income — Purchases and sales of securities are recorded on a trade-date basis. Gains and losses on sales of securities are based on average costs. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation include gains and losses on investments bought and sold, as well as held, during the year.

Notes Receivable from Participants — Notes receivable from participants are recorded at cost plus accrued interest. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be a distribution, the participant note receivable balance is reduced and a benefit payment is recorded. A valuation allowance for credit losses is not considered necessary as of December 31, 2017 and 2016.

MPG RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements — The Plan uses fair value measurements in the preparation of its financial statements, which utilize various inputs, including those that can be readily observable, corroborated, or are generally unobservable. The Plan utilizes market-based data and valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Additionally, the Plan applies assumptions that market participants would use in pricing an asset or liability, including assumptions about risk.

The measurement of fair value includes a hierarchy based on the quality of inputs used to measure fair value. Financial assets and liabilities are categorized into this three-level fair value hierarchy based on the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets and liabilities and the lowest priority to unobservable inputs.

The various levels of the of the fair value hierarchy are described as follows:

- Level 1 — Financial assets and liabilities whose values are based on unadjusted quoted market prices for identical assets and liabilities in an active market that the Plan has the ability to access
- Level 2 — Financial assets and liabilities whose values are based on quoted prices in markets that are not active or model inputs that are observable for substantially the full term of the asset or liability
- Level 3 — Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement

The use of observable market data, when available, is required in making fair value measurements. When inputs used to measure fair value fall within different levels of the hierarchy, the level within which the fair value measurement is categorized is based on the lowest level input that is significant to the fair value measurement.

MPG RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported amounts of increases or decreases in net assets available for benefits during the reporting period. Actual results could differ from those estimates. The Plan invests in various securities, including registered investment companies, money market funds, and collective trust funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Subsequent Events — On April 16, 2018, the Company merged the assets of the Plan into the American Axle & Manufacturing, Inc. Personal Savings Plan for Hourly-Rate Associates (the “AAM PSP”) and the American Axle & Manufacturing, Inc. Salaried Savings Plan (the “AAM SSP”). The Plan ceased to exist after that date.

The Plan’s management has evaluated subsequent events through October 10, 2018, the date that the accompanying financial statements were available to be issued.

3. INVESTMENTS AND FAIR VALUE (UNAUDITED)

The following is a summary of unaudited information regarding the Plan, included in the Plan’s financial statements, that was prepared by Fidelity Management Trust Company (“Fidelity”) and Delaware Charter Guarantee and Trust Company (d/b/a Principal Trust Company) (“Principal”), the Plan’s trustees. The Plan administrator has obtained certifications from the trustees that such information is complete and accurate. Information included in the supplemental Schedule of Assets (Held at End of Year) was also prepared by the trustees and is also unaudited.

MPG RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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

3. INVESTMENTS AND FAIR VALUE (UNAUDITED) (CONTINUED)

Assets certified by the trustees, as well as the Plan's fair value hierarchy for those assets that are measured on a recurring basis, as of December 31, 2017 and 2016 are summarized as follows:

Fair Value Measurements				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
2017				
CERTIFIED ASSETS:				
Investments at fair value:				
Registered investment companies	\$ 138,369,610	\$ -	\$ -	\$ 138,369,610
Money market funds	651,179			651,179
Self-directed brokerage accounts	50,236			50,236
Life insurance contracts		130,261		130,261
Total Investments at Fair Value	<u>\$ 139,071,025</u>	<u>\$ 130,261</u>	<u>\$ -</u>	139,201,286
Investments at contract value:				
Fully-benefit responsive investment contracts				26,344,367
Investments measured at net asset value:				
Collective trust funds				<u>131,527,047</u>
Total Investments				297,072,700
Notes receivable from participants				<u>7,279,080</u>
TOTAL CERTIFIED ASSETS				<u>\$ 304,351,780</u>

MPG RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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

3. INVESTMENTS AND FAIR VALUE (UNAUDITED) (CONTINUED)

	Fair Value Measurements			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
2016				
CERTIFIED ASSETS:				
Investments at fair value:				
Registered investment companies	\$ 120,693,179	\$ -	\$ -	\$ 120,693,179
Money market funds	496,395			496,395
Self-directed brokerage accounts	38,015			38,015
Life insurance contracts		98,449		98,449
Total Investments at Fair Value	<u>\$ 121,227,589</u>	<u>\$ 98,449</u>	<u>\$ -</u>	121,326,038
Investments at contract value:				
Fully-benefit responsive investment contracts				23,983,797
Investments measured at net asset value:				
Collective trust funds				<u>108,673,119</u>
Total Investments				253,982,954
Notes receivable from participants				<u>8,187,060</u>
TOTAL CERTIFIED ASSETS				\$ 262,170,014

The Plan's investments in collective trust funds may be redeemed at any time. There are no unfunded commitments to acquire additional units of these funds as of December 31, 2017.

Investment income for the year ended December 31, 2017 is as follows:

Interest income on notes receivable from participants	\$ 356,655
Dividends	5,527,845
Net appreciation in fair value of investments	<u>34,935,189</u>
	<u>\$ 40,819,689</u>

MPG RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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

3. INVESTMENTS AND FAIR VALUE (UNAUDITED) (CONTINUED)

As of December 31, 2017 and 2016, the Plan held the following investments with various parties-in-interest:

	<u>2017</u>	<u>2016</u>
Investments managed by Fidelity:		
Registered investment companies	\$ 79,104,904	\$ 67,530,908
Money market funds	651,179	496,395
Self-directed brokerage accounts	50,236	38,015
Investments managed by Principal:		
Fully benefit-responsive investment contracts	-	5,440,710
	<u>\$ 79,806,319</u>	<u>\$ 73,506,028</u>

4. INVESTMENT CONTRACTS

The Plan entered into a benefit-responsive investment contract with Massachusetts Mutual Life Insurance Company ("Mass Mutual"). Mass Mutual maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than zero percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the insurance company and the financial institution issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provision, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

MPG RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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

4. INVESTMENT CONTRACTS (CONTINUED)

The life insurance contracts are individual life insurance contracts issued by Metropolitan Life Insurance Company (“MetLife”). MetLife maintains the contributions in a general account for the benefit of the participants named by the contract. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. MetLife is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Interest has been credited on contract balances using a single “portfolio rate” approach. Under this methodology, a single interest rate has been applied to all contributions made to the product, regardless of the timing of those contributions. Interest crediting rates have been reviewed on a semi-annual basis for resetting. When establishing interest credit rates for this product, MetLife has considered many factors, including current economic and market conditions, the general interest rate environment, and both the expected and actual experience of a reference portfolio within the issuer’s general account. The minimum guaranteed rate under the contract as of December 31, 2016 was 1%.

Generally, there are no events that could limit the ability of the Plan to transact at contract value paid within 90 days or, in rare circumstances, contract value paid over time. There are no events that allow the issuer to terminate the contract and which require the Plan sponsor to settle an amount different than contract value paid either within 90 days or over time.

Contract value, as reported to the Plan by Mass Mutual and MetLife, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

5. PLAN TERMINATION

The Company reserves the right to terminate the AAM PSP and the AAM SSP, subject to the provisions of ERISA and any applicable agreements. In the event of termination of either the AAM PSP or the AAM SSP, each participant would have a nonforfeitable right to his or her total account balance as of the date of termination. Company contributions and earnings thereon which were not vested at the time of termination would be credited ratably to the accounts of all participants.

MPG RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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

6. TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain investments held by the Plan as of December 31, 2017 and 2016 are managed by Fidelity and Principal, the trustees of the Plan. Such investments fall within the investment guidelines of the Plan and are considered parties-in-interest. See Note 3 for investments held by the Plan with various parties-in-interest.

Fees for legal and auditing services were paid by the Company on behalf of the Plan, and fees for recordkeeping and trustee services were paid by participants through revenue sharing. The fees paid by the Company and participants for services rendered by parties-in-interest were based on customary and reasonable rates for such services.

7. INCOME TAX STATUS

The Plan obtained its latest determination letter on December 28, 2017, in which the Internal Revenue Service (“IRS”) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). The Plan is required to operate in conformity with the IRC to maintain its qualification.

The Company has submitted a filing under the Voluntary Fiduciary Correction Program (“VFCP”) with the U.S. Department of Labor (“DOL”) with respect to the late funding of certain 2017 participant contributions, as reported in the supplemental Schedule of Delinquent Participant Contributions.

The late funding of certain 2016 participant contributions, as reported in the supplemental Schedule of Delinquent Participant Contributions, was recently identified by the Company. The Company is also considering a submission of a VFCP to the DOL with respect to the late funding of the 2016 participant contributions.

Aside from the matters discussed above and the matter discussed in Note 8, the Plan administrator and the Plan’s tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. In addition, the Plan administrator is not aware of any unrecognized tax benefits as of December 31, 2017 or 2016. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

MPG RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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

8. NONEXEMPT TRANSACTIONS

Effective December 1, 2016, three defined contribution plans sponsored by affiliates of MPG were merged into the Plan. Accordingly, all participants and related account balances were transferred into the Plan on that date.

One of the plans that merged into the Plan on December 1, 2016 (the “Predecessor Plan”) did not permit any participant to borrow from the plan when it was first established. Over a number of years, the sponsor of the Predecessor Plan acquired several unrelated manufacturing companies, some of which sponsored 401(k) plans. One of the acquired companies sponsored a plan that permitted participant loans, while the other plans sponsored by the acquired companies did not. Effective December 31, 2007, the plan that permitted participant loans was merged into the Predecessor Plan. However, the Predecessor Plan continued the past practices of the other acquired plans with respect to not permitting participant loans. In 2009, the Predecessor Plan was amended to allow certain non-represented employees to participate in the Predecessor Plan and to take participant loans. The Predecessor Plan language that explicitly permitted certain employees of some affiliates to borrow, but did not permit borrowing by any other employees, was included in the plan document as amended and restated effective January 1, 2010. The January 1, 2010 amended and restated Predecessor Plan document received an April 27, 2012 favorable determination letter from the IRS. Effective December 1, 2015, the Predecessor Plan was amended to allow all participants to borrow.

As of December 31, 2017 and 2016, there were 34 and 78 Plan participant loans, respectively, with outstanding balances totaling approximately \$98,000 and \$368,000, respectively, that were initiated after December 31, 2007 and prior to the December 1, 2015 amendment.

MPG became aware that the loans initiated under the Predecessor Plan from January 1, 2008 through November 30, 2015 could potentially constitute prohibited transactions under IRC Section 4975(e)(2) and nonexempt transactions under ERISA Section 406(a)(1)(A) because loans were not made available to all plan participants on a reasonably equivalent basis during that period.

The Company’s counsel initially engaged in discussions with the DOL regarding correcting this issue. However, the Company’s counsel has concluded that, while the loans do constitute nonexempt transactions under ERISA Section 406(a)(1)(A), the loans do not constitute prohibited transactions under IRC Section 4975(e)(2). Each of the existing loans will be paid off according to the terms of each original loan agreement and will continue to be reported as nonexempt transactions until paid in full or deemed distributed. The loans with outstanding balances are reported in the supplemental Schedule of Nonexempt Transactions.

SUPPLEMENTARY INFORMATION

MPG RETIREMENT PLAN

(Federal Employer Identification Number: 47-1420222; Plan Number: 001)

**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (UNAUDITED) (Form 5500, Schedule H, Item 4i)
DECEMBER 31, 2017**

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies: Managed by Fidelity Management Trust Company:			
*	Fidelity 500 Index Fund, Premium Class	316,792.281 shares	(a)	\$ 29,604,239
*	Fidelity Growth Company Fund K	150,176.543 shares	(a)	26,824,534
*	Fidelity Intermediate Bond Fund	774,642.914 shares	(a)	8,366,143
*	Fidelity Mid Cap Index Fund, Institutional Class	389,650.791 shares	(a)	8,174,874
*	Fidelity Small Cap Index Fund, Premium Class	301,924.892 shares	(a)	6,135,114
				<u>79,104,904</u>
	Other:			
	Janus Henderson Triton Fund N	102,738.593 shares	(a)	2,976,337
	Franklin Small Cap Value Fund, Advisor Class	77,057.670 shares	(a)	4,507,874
	Lazard Emerging Markets Equity Fund, Institutional Shares	92,391.487 shares	(a)	1,849,678
	Hartford International Opportunities Fund R5	406,243.107 shares	(a)	7,182,378
	Cohen & Steers Real Estate Securities Fund, Institutional Class	112,501.702 shares	(a)	1,753,902
	Victory Sycamore Established Value Fund I	183,595.822 shares	(a)	7,452,154
	Eaton Vance Atlanta Capital Small/Mid-Cap Fund I	239,777.248 shares	(a)	8,058,913
	Invesco Core Plus Bond Fund R5	462,656.593 shares	(a)	5,047,583
	MFS Value Fund R4	180,628.191 shares	(a)	7,326,279
	Hartford Core Equity Fund R5	288,618.374 shares	(a)	8,384,364
	Invesco International Growth Fund R5	128,368.475 shares	(a)	4,725,244
				<u>138,369,610</u>
	Money Market Funds:			
*	Fidelity Money Market Fund	535,947.000 units	(a)	535,947
*	Fidelity Government Money Market Fund	115,232.000 units	(a)	115,232
				<u>651,179</u>
	Self-Directed Brokerage Accounts:			
*	Fidelity Self-Directed Brokerage Accounts	Various participant-directed holdings	(a)	\$ 50,236

MPG RETIREMENT PLAN

(Federal Employer Identification Number: 47-1420222; Plan Number: 001)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (UNAUDITED) (CONTINUED)

(Form 5500, Schedule H, Item 4i)

DECEMBER 31, 2017

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Life Insurance Contracts:			
	Metropolitan Life Insurance Company	Contract #7473133	(a)	\$ 11,989
	Metropolitan Life Insurance Company	Contract #7473143	(a)	8,463
	Metropolitan Life Insurance Company	Contract #7473146	(a)	24,153
	Metropolitan Life Insurance Company	Contract #7477451	(a)	18,710
	Metropolitan Life Insurance Company	Contract #7477459	(a)	32,636
	Metropolitan Life Insurance Company	Contract #7477424	(a)	19,463
	Metropolitan Life Insurance Company	Contract #7553407	(a)	56
	Metropolitan Life Insurance Company	Contract #7473121	(a)	14,791
				<u>130,261</u>
	Fully Benefit-Responsive Investment Contracts:			
	Massachusetts Mutual Life Insurance Company Separate Account Guaranteed Investment Contract	Contract #21015	(a)	<u>26,344,367</u>
	Collective Trust Funds:			
	American Century Retirement Income Trust VI	355,310.515 units	(a)	4,119,683
	American Century Retirement 2020 Trust VI	2,293,596.342 units	(a)	26,802,967
	American Century Retirement 2025 Trust VI	1,483,945.883 units	(a)	17,586,539
	American Century Retirement 2030 Trust VI	3,096,977.873 units	(a)	37,211,738
	American Century Retirement 2035 Trust VI	826,098.380 units	(a)	10,059,648
	American Century Retirement 2040 Trust VI	1,562,104.547 units	(a)	19,317,766
	American Century Retirement 2045 Trust VI	376,925.452 units	(a)	4,739,988
	American Century Retirement 2050 Trust VI	682,695.962 units	(a)	8,680,889
	American Century Retirement 2055 Trust VI	191,934.986 units	(a)	2,456,960
	American Century Retirement 2060 Trust VI	43,079.386 units	(a)	<u>550,869</u>
				<u>\$ 131,527,047</u>

MPG RETIREMENT PLAN

(Federal Employer Identification Number: 47-1420222; Plan Number: 001)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (UNAUDITED) (CONTINUED)

(Form 5500, Schedule H, Item 4i)

DECEMBER 31, 2017

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
*	Notes Receivable from Participants: Participant loans	Loans receivable; interest rates ranged from 3.25% to 8.25% during 2017	\$ -	<u>\$ 7,279,080</u>
				<u><u>\$ 304,351,780</u></u>

(a) — These are participant-directed investments; therefore, the cost is not required to be reported.

There were no investment assets reportable as acquired and disposed of during the year ended December 31, 2017.

MPG RETIREMENT PLAN**(Federal Employer Identification Number: 47-1420222; Plan Number: 001)****SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS****(Form 5500, Schedule H, Item 4a)****YEAR ENDED DECEMBER 31, 2017**

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program ("VFCP") and Prohibited Transaction Exemption ("PTE") 2002-51
Check Here If Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
☐	<u>\$ 412,797</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,778,213</u>

MPG RETIREMENT PLAN

(Federal Employer Identification Number: 47-1420222; Plan Number: 001)

SCHEDULE OF NONEXEMPT TRANSACTIONS

(Form 5500, Schedule G, Part III and Schedule H, Item 4d)

YEAR ENDED DECEMBER 31, 2017

Identity of Party Involved	Relationship to Plan, Employer, or Party-in-Interest	Description of Transactions (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Purchase Price	Selling Price	Lease Rental/ Loan Amount Involved	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Participant Loans Issued to Participants Who Were Not Eligible to Receive Participant Loans, Based on Plan Provisions									
		Year Issued	Interest Rate	Maturity Date					
Plan participants:	Employee of:	Ineligible participant loan issued during:							
E	Jernberg Industries, LLC	2012	4.25%	3/7/42	\$ -	\$ -	\$ 15,000	\$ -	\$ -
R	HHI FormTech, LLC	2013	3.25%	3/23/18			50,000		
S	HHI FormTech, LLC	2013	3.25%	9/7/18			24,000		
V	HHI FormTech, LLC	2013	3.25%	1/26/18			10,970		
W	HHI FormTech, LLC	2014	3.25%	5/3/19			5,000		
X	HHI FormTech, LLC	2014	3.25%	7/26/19			4,000		
AA	HHI FormTech, LLC	2013	3.25%	5/18/18			3,500		
AD	HHI FormTech, LLC	2013	3.25%	2/16/18			42,000		
AE	HHI FormTech, LLC	2013	3.25%	10/19/18			25,000		
AF	HHI FormTech, LLC	2014	3.25%	6/28/19			19,000		
AG	HHI FormTech, LLC	2014	3.25%	4/12/19			15,600		
AH	HHI FormTech, LLC	2013	3.25%	3/16/18			18,000		
AJ	HHI FormTech, LLC	2014	3.25%	11/8/19			11,500		
AK	HHI FormTech, LLC	2015	3.25%	12/6/19			26,700		
AL	HHI FormTech, LLC	2014	3.25%	5/24/19			12,000		
AN	HHI FormTech, LLC	2014	3.25%	9/13/19			10,000		
AO	HHI FormTech, LLC	2014	3.25%	5/10/19			10,000		
AR	HHI FormTech, LLC	2013	3.25%	7/27/18			10,000		
AV	HHI FormTech, LLC	2013	3.25%	4/20/18			8,700		
AW	HHI FormTech, LLC	2012	3.25%	12/29/17			9,000		
AZ	HHI FormTech, LLC	2013	3.25%	10/26/18			6,000		
BB	HHI FormTech, LLC	2013	3.25%	8/2/19			5,000		
BJ	HHI FormTech, LLC	2013	3.25%	4/27/18			3,800		
BQ	HHI FormTech, LLC	2015	3.25%	1/3/20			10,900		
BR	HHI FormTech, LLC	2015	3.25%	6/15/18			7,000		

MPG RETIREMENT PLAN

(Federal Employer Identification Number: 47-1420222; Plan Number: 001)

SCHEDULE OF NONEXEMPT TRANSACTIONS (CONTINUED)

(Form 5500, Schedule G, Part III and Schedule H, Item 4d)

YEAR ENDED DECEMBER 31, 2017

Identity of Party Involved	Relationship to Plan, Employer, or Party-in-Interest	Description of Transactions (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Purchase Price	Selling Price	Lease Rental/ Loan Amount Involved	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Participant Loans Issued to Participants Who Were Not Eligible to Receive Participant Loans, Based on Plan Provisions (continued)									
		Year Issued	Interest Rate	Maturity Date					
Plan participants:	Employee of:	Ineligible participant loan issued during:							
BS	HHI FormTech, LLC	2015	3.25%	10/16/20	\$ -	\$ -	\$ 4,628	\$ -	\$ -
BY	HHI FormTech, LLC	2015	3.25%	4/22/22			7,800		
CD	HHI FormTech, LLC	2015	3.25%	7/24/20			1,335		
CE	HHI FormTech, LLC	2015	3.25%	8/21/20			6,343		
CH	HHI FormTech, LLC	2015	3.25%	4/20/18			5,000		
CK	HHI FormTech, LLC	2014	3.25%	11/23/18			3,500		
CP	HHI FormTech, LLC	2014	3.25%	5/24/19			650		
CT	HHI FormTech, LLC	2015	3.25%	8/16/19			3,200		
CZ	HHI FormTech, LLC	2015	3.25%	11/16/18			3,500		
							<u>\$ 398,626</u>		

MPG RETIREMENT PLAN

(Federal Employer Identification Number: 47-1420222; Plan Number: 001)

**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (UNAUDITED) (Form 5500, Schedule H, Item 4i)
DECEMBER 31, 2017**

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Registered Investment Companies: Managed by Fidelity Management Trust Company:			
*	Fidelity 500 Index Fund, Premium Class	316,792.281 shares	(a)	\$ 29,604,239
*	Fidelity Growth Company Fund K	150,176.543 shares	(a)	26,824,534
*	Fidelity Intermediate Bond Fund	774,642.914 shares	(a)	8,366,143
*	Fidelity Mid Cap Index Fund, Institutional Class	389,650.791 shares	(a)	8,174,874
*	Fidelity Small Cap Index Fund, Premium Class	301,924.892 shares	(a)	6,135,114
				<u>79,104,904</u>
	Other:			
	Janus Henderson Triton Fund N	102,738.593 shares	(a)	2,976,337
	Franklin Small Cap Value Fund, Advisor Class	77,057.670 shares	(a)	4,507,874
	Lazard Emerging Markets Equity Fund, Institutional Shares	92,391.487 shares	(a)	1,849,678
	Hartford International Opportunities Fund R5	406,243.107 shares	(a)	7,182,378
	Cohen & Steers Real Estate Securities Fund, Institutional Class	112,501.702 shares	(a)	1,753,902
	Victory Sycamore Established Value Fund I	183,595.822 shares	(a)	7,452,154
	Eaton Vance Atlanta Capital Small/Mid-Cap Fund I	239,777.248 shares	(a)	8,058,913
	Invesco Core Plus Bond Fund R5	462,656.593 shares	(a)	5,047,583
	MFS Value Fund R4	180,628.191 shares	(a)	7,326,279
	Hartford Core Equity Fund R5	288,618.374 shares	(a)	8,384,364
	Invesco International Growth Fund R5	128,368.475 shares	(a)	4,725,244
				<u>138,369,610</u>
	Money Market Funds:			
*	Fidelity Money Market Fund	535,947.000 units	(a)	535,947
*	Fidelity Government Money Market Fund	115,232.000 units	(a)	115,232
				<u>651,179</u>
	Self-Directed Brokerage Accounts:			
*	Fidelity Self-Directed Brokerage Accounts	Various participant-directed holdings	(a)	\$ 50,236

MPG RETIREMENT PLAN

(Federal Employer Identification Number: 47-1420222; Plan Number: 001)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (UNAUDITED) (CONTINUED)

(Form 5500, Schedule H, Item 4i)

DECEMBER 31, 2017

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Life Insurance Contracts:			
	Metropolitan Life Insurance Company	Contract #7473133	(a)	\$ 11,989
	Metropolitan Life Insurance Company	Contract #7473143	(a)	8,463
	Metropolitan Life Insurance Company	Contract #7473146	(a)	24,153
	Metropolitan Life Insurance Company	Contract #7477451	(a)	18,710
	Metropolitan Life Insurance Company	Contract #7477459	(a)	32,636
	Metropolitan Life Insurance Company	Contract #7477424	(a)	19,463
	Metropolitan Life Insurance Company	Contract #7553407	(a)	56
	Metropolitan Life Insurance Company	Contract #7473121	(a)	14,791
				<u>130,261</u>
	Fully Benefit-Responsive Investment Contracts:			
	Massachusetts Mutual Life Insurance Company Separate Account Guaranteed Investment Contract	Contract #21015	(a)	<u>26,344,367</u>
	Collective Trust Funds:			
	American Century Retirement Income Trust VI	355,310.515 units	(a)	4,119,683
	American Century Retirement 2020 Trust VI	2,293,596.342 units	(a)	26,802,967
	American Century Retirement 2025 Trust VI	1,483,945.883 units	(a)	17,586,539
	American Century Retirement 2030 Trust VI	3,096,977.873 units	(a)	37,211,738
	American Century Retirement 2035 Trust VI	826,098.380 units	(a)	10,059,648
	American Century Retirement 2040 Trust VI	1,562,104.547 units	(a)	19,317,766
	American Century Retirement 2045 Trust VI	376,925.452 units	(a)	4,739,988
	American Century Retirement 2050 Trust VI	682,695.962 units	(a)	8,680,889
	American Century Retirement 2055 Trust VI	191,934.986 units	(a)	2,456,960
	American Century Retirement 2060 Trust VI	43,079.386 units	(a)	<u>550,869</u>
				<u>\$ 131,527,047</u>

MPG RETIREMENT PLAN

(Federal Employer Identification Number: 47-1420222; Plan Number: 001)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (UNAUDITED) (CONTINUED)

(Form 5500, Schedule H, Item 4i)

DECEMBER 31, 2017

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
*	Notes Receivable from Participants: Participant loans	Loans receivable; interest rates ranged from 3.25% to 8.25% during 2017	\$ -	<u>\$ 7,279,080</u>
				<u><u>\$ 304,351,780</u></u>

(a) — These are participant-directed investments; therefore, the cost is not required to be reported.

There were no investment assets reportable as acquired and disposed of during the year ended December 31, 2017.

MPG RETIREMENT PLAN**(Federal Employer Identification Number: 47-1420222; Plan Number: 001)****SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS****(Form 5500, Schedule H, Item 4a)****YEAR ENDED DECEMBER 31, 2017**

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program ("VFCP") and Prohibited Transaction Exemption ("PTE") 2002-51
Check Here If Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
☐	<u>\$ 412,797</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,778,213</u>