

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2017</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A	This return/report is for: <div>☐ 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) _____</div>
B	This return/report is: <div>☐ the first return/report☐ the final return/report☐ an amended return/report☐ a short plan year return/report (less than 12 months)</div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div>☒ Form 5558☐ automatic extension☐ the DFVC program☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S.
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1985
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) AHLSTROM-MUNKSJO USA INC. 2 ELM STREET WINDSOR LOCKS, CT 06096-2335
2b	Employer Identification Number (EIN) 13-3509370
2c	Plan Sponsor's telephone number 860-654-8300
2d	Business code (see instructions) 551112

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

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

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

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <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 AHLSTROM USA, INC. c Plan Name AHLSTROM GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 446
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) 55
a(2) Total number of active participants at the end of the plan year	6a(2) 139
b Retired or separated participants receiving benefits	6b 239
c Other retired or separated participants entitled to future benefits	6c 191
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 569
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 37
f Total. Add lines 6d and 6e	6f 606
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1A

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)	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	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan <u>THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AHLSTROM-MUNKSJO USA INC.</u>	D Employer Identification Number (EIN) <u>13-3509370</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>	
2 Assets:	
a Market value	2a <u>82382782</u>
b Actuarial value	2b <u>84372781</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>238</u> (2) Vested Funding Target <u>54911304</u> (3) Total Funding Target <u>54911304</u>
b For terminated vested participants	<u>153</u> <u>10620222</u> <u>10620222</u>
c For active participants	<u>55</u> <u>7264311</u> <u>7462648</u>
d Total	<u>446</u> <u>72795837</u> <u>72994174</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.80 %</u>
6 Target normal cost	6 <u>644026</u>

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

SIGN HERE	
Signature of actuary	<u>09/18/2018</u>
<u>ELLEN KUCENSKI</u>	Date <u>17-07674</u>
Type or print name of actuary	Most recent enrollment number <u>860-521-8400</u>
<u>HOOKE & HOLCOMBE</u>	Telephone number (including area code)
Firm name	
<u>65 LASALLE ROAD</u> <u>WEST HARTFORD, CT 06107</u>	
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4699792	956399
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	4699792	956399
10 Interest on line 9 using prior year's actual return of <u>9.30</u> %	437081	88945
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4152842
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.06</u> %		251662
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		4404504
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	5136873	1045344

Part III Funding Percentages

14 Funding target attainment percentage	14	107.11%
15 Adjusted funding target attainment percentage	15	112.67%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.49%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)		18(c)

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	644026	
b Excess assets, if applicable, but not greater than line 31a	31b	644026	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AHLSTROM-MUNKSJO USA INC.	D Employer Identification Number (EIN) 13-3509370	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

SEI INVESTMENTS

04-2452803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 19 21 25 49 52 62	NONE	238192	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	TOWERS WATSON DELAWARE, INC.	b EIN:	53-0181291
c Position:	ACTUARY		
d Address:	901 NORTH GLEBE ROAD ARLINGTON, VA 22203	e Telephone:	703-258-8000

Explanation: SWITCHED ACTUARIAL SERVICES TO A LOCAL FIRM, HOOKER & HOLCOMBE, INC.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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>THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AHLSTROM-MUNKSJO USA INC.</u>	D Employer Identification Number (EIN) <u>13-3509370</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	4445000	0
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	942841	113817
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	77885242	103045433
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	83273083	103159250

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	227123	67708
k Total liabilities (add all amounts in lines 1g through 1j)	1k	227123	67708

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	83045960	103091542
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)	2255084	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2255084
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5234501	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5234501	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		14452012
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		16707096

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5528418	
(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)		5528418
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	238192	
(4) Other	2i(4)	112747	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		350939
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5879357

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10827739
l Transfers of assets:			
(1) To this plan.....	2l(1)		9217843
(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: BLUM, SHAPIRO & COMPANY, P.C.

(2) EIN: 06-1009205

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
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.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AHLSTROM-MUNKSJO USA INC.</u>	D Employer Identification Number (EIN) <u>13-3509370</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>04-2447211</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

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

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

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

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



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**THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN
FOR U.S. EMPLOYEES**

FINANCIAL STATEMENTS

DECEMBER 31, 2017 AND 2016

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

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Independent Auditors' Report

To the Plan Administrator
The Ahlstrom-Munksjo Group Retirement Plan for U.S. Employees
Windsor Locks, Connecticut

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Ahlstrom-Munksjo Group Retirement Plan for U.S. Employees (the Plan), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by SEI Private Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2017 and 2016, and for the years then ended that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Supplemental Information

The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 31, 2017 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

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

A handwritten signature in cursive script that reads "Blum, Shapiro & Company, P.C.".

West Hartford, Connecticut
October 5, 2018

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

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

	<u>2017</u>	<u>2016</u>
ASSETS		
Investments		
Money market and mutual funds	\$ <u>103,045,433</u>	\$ <u>77,885,242</u>
Receivables		
Employer contributions	-	4,445,000
Interest and dividends	113,817	93,083
Miscellaneous receivables	<u>-</u>	<u>849,758</u>
Total receivables	<u>113,817</u>	<u>5,387,841</u>
 Total assets	 103,159,250	 83,273,083
LIABILITIES		
Accounts Payable and Accrued Expenses	<u>67,708</u>	<u>227,123</u>
Net Assets Available for Benefits	\$ <u><u>103,091,542</u></u>	\$ <u><u>83,045,960</u></u>

The accompanying notes are an integral part of the financial statements

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
Additions to Net Assets Attributed to		
Investment income:		
Net appreciation in fair value of investments	\$ 14,452,012	\$ 6,614,847
Interest and dividend income	<u>2,255,084</u>	<u>3,680,205</u>
Net investment income	<u>16,707,096</u>	<u>10,295,052</u>
Employer contributions	<u>-</u>	<u>4,445,000</u>
Net additions	<u>16,707,096</u>	<u>14,740,052</u>
Deductions from Net Assets Attributed to		
Benefits paid to participants	5,528,418	47,255,885
Administrative expenses	<u>350,939</u>	<u>769,435</u>
Total deductions	<u>5,879,357</u>	<u>48,025,320</u>
Transfer from Retirement Plan for Hourly Employees of Ahlstrom-Munksjo Filtration LLC - Madisonville and Taylorville Locations	<u>9,217,843</u>	<u>-</u>
Net Increase (Decrease) in Net Assets	20,045,582	(33,285,268)
Net Assets Available for Benefits - Beginning of Year	<u>83,045,960</u>	<u>116,331,228</u>
Net Assets Available for Benefits - End of Year	<u><u>\$ 103,091,542</u></u>	<u><u>\$ 83,045,960</u></u>

The accompanying notes are an integral part of the financial statements

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

STATEMENTS OF ACCUMULATED PLAN BENEFITS DECEMBER 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	\$ 51,768,611	\$ 49,371,014
Terminated vested participants	11,115,210	10,611,469
Active participants	<u>8,462,131</u>	<u>6,050,628</u>
	71,345,952	66,033,111
 Nonvested benefits	 <u>241,226</u>	 <u>182,491</u>
 Total Actuarial Present Value of Accumulated Plan Benefits	 <u><u>\$ 71,587,178</u></u>	 <u><u>\$ 66,215,602</u></u>

The accompanying notes are an integral part of the financial statements

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	\$ <u>66,215,602</u>	\$ <u>93,480,299</u>
Increase (Decrease) During the Year Attributable to		
Increase due to decrease in the discount period	4,793,892	5,239,673
Benefits accumulated including actuarial gains	(1,362,663)	7,896,037
Change in actuarial assumptions	(487,773)	7,705,236
Benefits paid	(4,678,660)	(48,105,643)
Transfer from Retirement Plan for Hourly Employees of Ahlstrom-Munksjo Filtration LLC - Madisonville and Taylorville Locations	<u>7,106,780</u>	<u>-</u>
Net increase (decrease)	<u>5,371,576</u>	<u>(27,264,697)</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	\$ <u><u>71,587,178</u></u>	\$ <u><u>66,215,602</u></u>

The accompanying notes are an integral part of the financial statements

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of The Ahlstrom-Munksjo Group Retirement Plan for U.S. Employees (the Plan), formerly the Ahlstrom Group Retirement Plan for U.S. Employees, provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan covering certain salaried and certain hourly employees of the following participating companies at December 31, 2017 and 2016:

- Ahlstrom-Munksjo USA Inc.
- Ahlstrom-Munksjo Filtration LLC (Madisonville, Taylorville and Mount Holly Springs sites)
- Ahlstrom-Munksjo North America LLC

The Plan also provides benefits for certain participants of former participating employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Amendments

The Plan was amended on August 1, 2016 to offer certain terminated vested participants the option to receive the present value of their accrued pension benefit in a lump-sum payout. Eligible participants were notified in September 2016 and had from September 15 to November 15 to make an election. In total, 243 of the eligible terminated vested participants elected to receive the lump-sum payout resulting in benefit payments of approximately \$23 million, which were processed in December 2016.

The Plan was also amended on August 1, 2016 to allow for the purchase of guaranteed annuity contracts from an insurance company to satisfy the benefit liabilities of certain retired participants and beneficiaries currently in pay status and receiving a benefit of less than \$750 per month. During December 2016, the annuities of 326 participants were purchased resulting in benefit payments of approximately \$16.5 million.

The Plan was amended on October 14, 2017 to change the name of the Plan to the Ahlstrom-Munksjo Group Retirement Plan for U.S. Employees in connection with the Company's merger with Swedish company Munksjö Oyj in April 2017.

The Plan was amended effective December 31, 2017 to merge the assets and participants of the Retirement Plan for Hourly Paid Employees of Ahlstrom-Munksjo Filtration LLC - Madisonville and Taylorville Locations into the Plan. See Note 10 for the details of the plan merger and transfer of assets.

Eligibility

Prior to May 1, 2006, all eligible employees who were employed by a participating employer and who were not members of a collective bargaining agreement were eligible for plan participation on the first day of the month following the attainment of age 21 and the completion of one year of service. Effective May 1, 2006, employees who first complete an hour of service on or after that date shall not be eligible to participate in the Plan.

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Plan Freeze

The Plan was amended to provide that no additional benefit service will be credited after December 31, 2010 for calculating benefits under the Plan. Final average earnings used for calculating benefits include earnings only through December 31, 2017.

Benefits

Pension benefits provided under the terms of the Plan include those for normal retirement, early retirement, late retirement, disability retirement and death.

Under normal retirement (age 65), the Plan provides for three benefit formulas depending upon which participating employer the participant was employed with. Employees of all the current participating companies are subject to the same benefit formula. Annual benefits calculated under these three formulas are a factor of final average earnings, years of benefit service and covered compensation for Social Security purposes. The benefit for early retirement is calculated the same as under normal retirement, except that it is reduced by 5/12% for each full month that the benefit commencement date precedes the normal retirement date.

Late retirement benefits are calculated the same as under normal retirement, except that final average earnings and years of service include the period from the normal retirement date to the actual retirement date.

Death benefits are provided by the Plan before and after retirement. Monthly benefits provided to the surviving spouse are a factor of the participant's age at date of death, final average earnings, years of service, covered compensation for Social Security purposes and the age of the surviving spouse. Death benefits are not provided to participants with less than five years of vesting service.

Vesting

Eligible employees become fully vested under the Plan upon completion of five years of service. In connection with the plan freeze, all active participants became fully vested effective December 31, 2010.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

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

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Miscellaneous Receivables

Miscellaneous receivables represent amounts due back to the Plan for overpayments of benefits paid to participants.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Amounts allocated to withdrawing participants that had been processed and approved for payment prior to December 31, 2017 and 2016, but not yet paid as of that date, totaled \$452,686 and \$575,432, respectively.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

Plan Expenses

In accordance with the plan trust document, expenses incident to the operation of the Plan, including premiums for termination insurance payable to the Pension Benefit Guaranty Corporation (PBGC), fees for professional services and the costs of such other technical or clerical assistance as may be required shall be paid out of the trust fund, to the extent not paid for by the employer.

Risks and Uncertainties

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

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

Subsequent Events

Subsequent events were evaluated through October 5, 2018, the date the financial statements were available to be issued.

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - CERTIFICATION BY THE INVESTMENT TRUSTEE

Information presented in the accompanying statements and schedules as of and for the years ended December 31, 2017 and 2016, for investments and investment income was derived, without audit, from information certified to be complete and accurate by SEI Private Trust Company (SEI), the trustee, as permitted by the election made by the plan administrator under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

The actuarial present value of accumulated plan benefits as determined by the Plan's independent actuary is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of January 1, 2018 and 2017, are as follows:

	2018	2017
Mortality rates	RP-2014 adjusted to 2006 Projected with Scale MP-2017	RP-2014 adjusted to 2006 Projected with Scale MP-2016
Discount rate	7.50% per annum	7.50% per annum
Retirement age	Various rates of retirement from ages 60 to 70	Various rates of retirement from ages 60 to 70
Salary projection	4.5% per annum	4.5% per annum
Cost of living adjustments	3% increase in CPI	3% increase in CPI
Future increases in Social Security	3% per annum	3% per annum

In addition, benefits for some foreign nationals under this Plan are assumed to be zero.

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

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

The amount recorded as benefits paid to participants on the statement of changes in accumulated plan benefits for the year ended December 31, 2016 of \$48,105,643 includes \$849,758 of overpayments that were returned to the Plan in 2017. These overpayments represent the difference between the amount recorded as benefits paid to participants on the statement of changes in net assets available for benefits for the years ended December 31, 2017 and 2016.

NOTE 5 - FUNDING POLICY

The Company has voluntarily agreed to make annual contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to plan participants. The amounts contributed to the Plan are determined by the Company on the basis of (a) annual actuarial valuations of the Plan by an independent consulting actuary, (b) the maximum amount permitted by law or regulation as a federal income tax deduction, and (c) the minimum amount certified by the actuary as necessary during any plan year to avoid an accumulated funding deficiency as defined by ERISA. The Company made a contribution to the Plan totaling \$4,445,000 during 2017, which was recorded as a contribution receivable as of December 31, 2016. The Company did not make a contribution to the Plan for the year ended December 31, 2017. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2017 and 2016.

NOTE 6 - FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1

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

Level 2

Inputs to the valuation methodology include:

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

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

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Level 3

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Assets valued using the net asset value practical expedient are not required to be reported within the hierarchy.

The following is a description of the valuation methodology used for assets measured at fair value:

Money Market and Mutual Funds

Money market and mutual funds are valued at the quoted price of shares held by the Plan at year end.

There have been no changes in the methodologies used at December 31, 2017 and 2016.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

2017				
	Level 1	Level 2	Level 3	Total
Money market and mutual funds	\$ 103,045,433	\$ -	\$ -	\$ 103,045,433
Investments at Fair Value	\$ 103,045,433	\$ -	\$ -	\$ 103,045,433
2016				
	Level 1	Level 2	Level 3	Total
Money market and mutual funds	\$ 77,885,242	\$ -	\$ -	\$ 77,885,242
Investments at Fair Value	\$ 77,885,242	\$ -	\$ -	\$ 77,885,242

There were no transfers between levels of investments during the years ended December 31, 2017 and 2016.

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by affiliates of SEI. SEI is the trustee and investment manager of the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Other parties-in-interest include recordkeepers and professional service firms who provide services to the Plan. Certain employees of the Company who participate in the Plan perform administrative services to the Plan at no cost to the Plan.

NOTE 8 - INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 15, 2017 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the Code). The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, the plan administrator believes the Plan is qualified and the related trust is tax exempt.

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

NOTE 9 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan is terminated, the net assets of the Plan will be allocated to the participants and beneficiaries of the Plan in accordance with ERISA and its related regulations and the plan document.

Generally, benefits are provided in the following order:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b. Other vested benefits insured by the PBGC, a U.S. Government agency, up to the applicable limitations discussed below.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2018, that ceiling is \$5,420 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

NOTE 10 - PLAN MERGER AND TRANSFER

On December 31, 2017, the assets of the Retirement Plan for Hourly Paid Employees of Ahlstrom-Munksjo Filtration LLC - Madisonville and Taylorville Locations (Madisonville and Taylorville Plan) were merged with and into the Plan. A summary of net assets transferred into the Plan is as follows:

Money market and mutual funds	\$ 9,207,371
Accrued income	<u>10,472</u>
Net Assets Transferred into the Plan	<u>\$ 9,217,843</u>

In connection with the merger, the frozen benefit obligations of 163 participants were transferred into the Plan of which 29 are currently receiving benefits. Benefits under the Madisonville and Taylorville Plan were frozen as of December 31, 2010, and no new employees have been eligible to participate since May 1, 2006.

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2017

Employer Identification Number: 13-3509370

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	SEI S&P 500 Index A	Mutual fund	\$ 28,368,793	\$ 36,617,348
*	SEI Long Duration Fund	Mutual fund	35,702,969	35,350,371
*	SEI World Equity Fund	Mutual fund	16,033,422	20,786,821
*	SEI Extended Market Index A	Mutual fund	8,765,038	10,290,198
*	SEI Daily Income Trust Government Fund	Money market fund	695	695
			<u>\$ 88,870,917</u>	<u>\$ 103,045,433</u>

* Represents a party-in-interest

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2017

Employer Identification Number: 13-3509370

Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Single Transactions:</u>								
* SEI Daily Income Trust Government Fund	Money market fund	\$ 4,445,000	\$ -	\$ -	\$ -	\$ 4,445,000	\$ 4,445,000	\$ -
* SEI Daily Income Trust Government Fund	Money market fund	-	4,445,000	-	-	4,445,000	4,445,000	-
<u>Series of Transactions:</u>								
* SEI World Equity Fund	Mutual fund	1,219,054	-	-	-	1,219,054	1,219,054	-
* SEI World Equity Fund	Mutual fund	-	3,091,123	-	-	2,476,622	3,091,123	614,501
Total number of purchases: 11								
Total number of sales: 25								
* SEI World Equity Fund	Mutual fund	6,221,767	-	-	-	6,221,767	6,221,767	-
* SEI World Equity Fund	Mutual fund	-	2,806,025	-	-	2,945,150	2,806,025	(139,125)
Total number of purchases: 24								
Total number of sales: 27								
* Represents a party-in-interest								



Summary of Plan Provisions

This summary outlines the major features of the Plan. It does not give full details or cover all aspects of the Plan. The actual terms and conditions of the Plan are stated in the formal Plan document.

Effective date

January 1, 1985. Amended and restated January 1, 2015.

Plan Year

January 1 through December 31.

Eligibility for Participation

All employees who are employed by a participating employer and who are not members of a collective bargaining agreement are eligible for plan participation on the first day of the month following the attainment of age 21 and the completion of one Year of Service. Employees hired or rehired on or after May 1, 2006 are not eligible to participate in the plan. See Sec 3.1(b) for Transfers in after 5/1/2006.

Solely for purposes of becoming a Plan Participant, a "Year of Service" means a 12 month period during which an Employee has completed at least 1,000 Hours of Service, beginning on his Employment Date or Reemployment Date. If an Employee does not complete 1,000 Hours of Service during the 12 months beginning on his Employment Date or Reemployment Date, the 12 month period shall become the Plan Year, beginning with the first Plan Year beginning after such date.

Entry Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Vesting Service

Vesting Service includes all periods of employment, with continuous and fractional periods of service aggregated and any fractional part of a year rounded to the nearest whole month. Plan participants as of December 31, 2010 are fully vested in their benefits as of December 31, 2010. Periods of absence of less than one year shall count as Vesting Service. Vesting Service shall include any period that the Participant is Disabled.

Benefit Service

Benefit Service includes all periods of employment, with discontinuous and fractional periods of service aggregated and any fractional part of a year counted as a full year, including any period while the employee is disabled. No additional Benefit Service is credited to any participant after December 31, 2010. Periods of absence less than one year shall count as Benefit Service.

Compensation

Compensation includes base salary, overtime pay, bonuses and incentive compensation, sales commissions and incentives, and any amounts deferred under salary reduction agreements.

Final Average Compensation

Final Average Earnings is the total amount of earnings for the 60 consecutive months producing the highest total, divided by five. No earnings after December 31, 2017 are taken into account for purposes of determining Final Average Earnings.



Covered Compensation

Average of Social Security taxable wage bases for the 35 calendar years ending with the year in which the Participant attains Social Security retirement age.

Accrued Benefit

The participant's accrued benefit at any given date is determined under the normal retirement formula, but is based on current Benefit Service, final average earnings, and covered compensation.

Normal Retirement

Eligibility: The first day of the month coinciding with or next following 65th birthday

Benefit (Income): Current: The annual retirement benefit is based on one of the formulas below depending on which Participating Employer the participant is employed with.

Formula A - 1.4% of Final Average Earnings times Benefit Service plus .65% of Final Average Earnings in excess of Covered Compensation times the lesser of Benefit Service and 35 years. An automatic cost-of-living adjustment (COLA) is applied on each January 1 to the benefit after the benefit commences for employees who commenced employment prior to November 29, 1994. See COLA definition below

Formula B - 1.4% of Final Average Earnings times Benefit Service plus .65% of Final Average Earnings in excess of Covered Compensation times the lesser of Benefit Service and 35 years.

Plan benefits at termination/retirement will be reduced for any benefits accrued under certain prior plans for benefits earned in foreign subsidiaries or Canadian affiliates, or for retirement systems outside the U.S. for non-U.S. citizens and for whom the company, or its parent, are required to contribute, which apply to the same years of service considered under the Plan.

Early Retirement

Eligibility: First day of the month coincident with or next following age 55 with 10 years of vesting service.

Benefit: The benefit determined under the normal retirement benefit formula based on service at early retirement date, and reduced by 5/12% for each full month by which the date of benefit commencement precedes Normal Retirement Date.

Late Retirement

Eligibility: First of any month after Normal Retirement Date.

Benefit: The benefit determined under the normal retirement benefit formula based on service and earnings to actual retirement date.

Deferred Vested Retirement Benefit

Eligibility: On termination of employment with at least 5 years of vesting service (graded vesting beginning at 3 years for Kamyrr participants as of January 1, 1993).

Benefit: The participant's accrued benefit is payable as a deferred pension commencing at his normal retirement date or provided the participant had at least 10 years of vesting service, a reduced benefit payable on the first day of any month following attainment of age 55.



Pre-Retirement Death Benefit in Active Service

Eligibility: Death of a married active vested participant.

Benefit:

- a) Before 5 Years (3 years for Kamyr participants as of January 1, 1993) of Vesting Service - none.
- b) After 5 Years (3 years for Kamyr participants as of January 1, 1993) of Vesting Service but before Age 55 – Surviving spouse's benefit is payable monthly for life at the date the employee would have attained age 65 and is equal to the benefit the spouse would have received if the employee had separated from service on the date of death, survived to age 65, retired under a 50% joint and survivor annuity, and died immediately thereafter. Such benefit is to be reduced (increased) 1% for each full year in excess of 5 full years that the surviving spouse is younger (older) than the deceased participant).
- c) After 10 Years of Vesting Service and Age 55 –Surviving spouse's benefit is payable monthly for life and is equal to the unreduced benefit the spouse would have received if the employee had retired under a 50% joint and survivor benefit immediately before his death. Such benefit is to be reduced (increased) 1% for each full year in excess of 5 full years that the surviving spouse is younger (older) than the deceased participant).

Death Benefit after Annuity Starting Date

The beneficiary of a participant who retires on his/her Early, Normal or Late retirement date will receive a \$5,000 lump sum death benefit. This is payable only to the extent the beneficiary is not entitled to a death benefit under a Participating Employer's postretirement life insurance plan

Normal Form of Retirement Benefit

Single: Life Annuity.

Married: Actuarially reduced Joint & 60% Survivor Annuity.

Optional Forms of Benefits

1. Joint and Survivor annuity with 50%, 60%, 60% pop-up, 75% or 100% continuation to Beneficiary.
2. Certain and Life annuity with 10 years guaranteed.
3. A lump sum benefit if Actuarial equivalent is between \$5,000 and \$10,000.

Small Benefits: benefits whose present value is not greater than \$5,000 are automatically paid out in a lump sum distribution or rolled over to an individual retirement plan.

Actuarial Equivalence Basis

Interest: PPA Segment rates as specified by the Secretary of the Treasury pursuant to Section 417(e)(3)(A) of the Internal Revenue Code for the month of December preceding the first day of the month during which the payment is made.

Mortality: The applicable mortality table prescribed by the Secretary of Treasury pursuant to Section 417(e)(3)(A) of the Internal Revenue Code.

Other than lump sums:

Mortality: Blended 1994 Group Annuity Reserving Table @2002

Interest: 6.0%.



Cost of Living Adjustments

The Cost-of-Living Adjustment for a Formula A participant employed by the company on or before November 29, 1994 is determined as follows. On the January 1, that is at least one year after the participant, or beneficiary commences his benefit, the adjustment is equal to the lesser of the percentage increase or decrease in the CPI and 3% however, that in no event shall the benefit be any less than the original benefit which was payable on the Annuity Starting Date. If the adjustment is capped at 3%, any excess is carried over to subsequent adjustment periods.

Employee Contributions

None.

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2017

Employer Identification Number: 13-3509370
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	SEI S&P 500 Index A	Mutual fund	\$ 28,368,793	\$ 36,617,348
*	SEI Long Duration Fund	Mutual fund	35,702,969	35,350,371
*	SEI World Equity Fund	Mutual fund	16,033,422	20,786,821
*	SEI Extended Market Index A	Mutual fund	8,765,038	10,290,198
*	SEI Daily Income Trust Government Fund	Money market fund	695	695
			<u>\$ 88,870,917</u>	<u>\$ 103,045,433</u>

* Represents a party-in-interest

Attachment to Schedule SB (2017 Form 5500)
Line 26 - Schedule of Active Participant Data

The Ahlstrom-Munksjo Group Retirement Plan for U.S. Employees
 EIN: 13-3509370 PN: 001

	Completed Years of Credited Service																			
Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 and over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25																				
25 to 29																				
30 to 34																				
35 to 39							1													
40 to 44							3		4		1									
45 to 49							5		4		1		1							
50 to 54							1		6		3		2		2					
55 to 59							1		5		2		1		1		2			
60 to 64							2		3		1		2						1	
65 to 69																				
70 & over																				



Description of Actuarial Methods

Asset Valuation Method

The Actuarial Value of assets used in the development of plan contributions phases in recognition of the difference between the actual return on Market Value and the expected return on Market Value over a three-year period at 33.33% per year. The Actuarial Value is adjusted, if necessary, to comply with the IRC Sec. 430 requirement that the Actuarial Value of assets be within the range of 90% to 110% of the Market Value of assets. This method is equivalent to the smoothed market value method without phase-in described in Approval 3.16 of Revenue Procedure 2000-40.

Actuarial Cost Method

Funding Target Liability: Unit Credit Actuarial Cost Method.

Maximum Liability: Projected Unit Credit Actuarial Cost Method. The allocation of projected benefits between past years and future years is in proportion to the applicable rates of benefit accrual under the Plan.



Description of Actuarial Assumptions

Changes in Actuarial Assumptions as of January 1, 2017

The valuation reflects the application of the current BBA corridor in the determination of the interest rates used for developing the Plan's minimum required contribution and AFTAP (for benefit restriction purposes) as required by law. The interest rate assumptions used before and after the adjustments are more fully described in the next section.

Interest Rates

Valuation: Segment rates for the Valuation Date (i.e., January). The rates are shown below.

	2017		2016	
Segment	Before Adjustment	After Adjustment	Before Adjustment	After Adjustment
1st	1.57%	4.16%	1.41%	4.43%
2nd	3.77%	5.72%	3.96%	5.91%
3rd	4.73%	6.48%	4.97%	6.65%

The rates before adjustment are the standard 24-month segment rates determined under the pre-MAP-21, pre-HATFA, and pre-BBA laws. They are used in the determination of the Plan's maximum tax deductible contribution.

The rates after adjustment reflect the application of the applicable corridor around the 25-year average rates. They are used in the determination of the Plan's minimum required contribution and AFTAP for benefit restriction purposes.

PBGC premium: PBGC spot segment rates for the month preceding the premium payment year. This method was last elected for the 2014 plan year. The rates are shown below.

	2017	2016
1 st segment	2.04%	1.82%
2 nd segment	4.03%	4.12%
3 rd segment	4.82%	5.01%

Expected Return for Asset Smoothing

Year	Assumption	Not to Exceed
2017	7.5%	6.48%
2016	7.5%	6.65%
2015	7.5%	6.99%

The expected long-term rate of return on assets is estimated using the Plan Sponsor's long-term target asset allocation and the long-term capital market assumption for each asset class in that allocation.



Mortality

RP-2000 Mortality Table with separate male and female rates, with no collar adjustment, separate tables for non-annuitants and annuitants, projected to the valuation date with Scale AA.

Mortality Improvement

Projected using Scale AA for 15 years after the valuation date for actives and 7 years for annuitants.

Inflation

2.75%. (Prior Year: 3.00%)

This assumption is based on long term historical inflation numbers. While near term averages have been lower, we do not believe this trend will continue indefinitely and expect that there will be a reversion to the long term average.

The assumption was changed to better reflect expected experience.

Salary Scale (including inflation)

4.5%.

Increases in IRC Sec. 401 (a)(17) compensation limit

As required by law, no increases are assumed.

Increases in IRC Sec. 415 (b) limit on benefits

As required by law, no increases are assumed.

Social Security taxable wage base increases

2.75%. (Prior Year: 3.00%)

Social Security cost of living increases

3.00% per year.

These changes in assumptions had no impact on liabilities.

Retirement

Rates varying by age, average age 64.

Age	Rate
60	10%
61	5%
62	25%
63	20%
64	15%
65	75%
66	60%
67	20%
68	25%
69	67%
70+	100%

The actuarial assumption in regards to rates of retirement shown above is based on the plan's definition of Normal Retirement in accordance with the prior actuary's review of plan experience.



Termination prior to retirement

Representative Termination Rates

Sample Rates (Number leaving during the year (per 100 employees))	
Age	Rate
20	22.4
25	14.9
30	10.4
35	7.4
40	4.3
45	2.7
50	.9
55	0.0
60+	0.0

The actuarial assumption in regards to rates of termination shown above is based on the prior actuary's assumption based on his review of plan experience.

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Age	Number of Disablements Per Thousand
20	0.640
30	1.055
40	2.140
50	5.285
60	12.740
70	-
80	-

The actuarial assumption in regards to disability rates shown above is based on a standard table modified by

Administrative expenses

As prescribed by the IRS, estimated administrative expenses have been added to the target normal cost.

Percent of active employees married

75% of males and 25% of females.

Spouse's age

Husbands are assumed to be 3 years older than wives.



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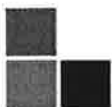
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Summary of Plan Provisions

This summary outlines the major features of the Plan. It does not give full details or cover all aspects of the Plan. The actual terms and conditions of the Plan are stated in the formal Plan document.

Effective date

January 1, 1985. Amended and restated January 1, 2015.

Plan Year

January 1 through December 31.

Eligibility for Participation

All employees who are employed by a participating employer and who are not members of a collective bargaining agreement are eligible for plan participation on the first day of the month following the attainment of age 21 and the completion of one Year of Service. Employees hired or rehired on or after May 1, 2006 are not eligible to participate in the plan. See Sec 3.1(b) for Transfers in after 5/1/2006.

Solely for purposes of becoming a Plan Participant, a "Year of Service" means a 12 month period during which an Employee has completed at least 1,000 Hours of Service, beginning on his Employment Date or Reemployment Date. If an Employee does not complete 1,000 Hours of Service during the 12 months beginning on his Employment Date or Reemployment Date, the 12 month period shall become the Plan Year, beginning with the first Plan Year beginning after such date.

Entry Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Vesting Service

Vesting Service includes all periods of employment, with continuous and fractional periods of service aggregated and any fractional part of a year rounded to the nearest whole month. Plan participants as of December 31, 2010 are fully vested in their benefits as of December 31, 2010. Periods of absence of less than one year shall count as Vesting Service. Vesting Service shall include any period that the Participant is Disabled.

Benefit Service

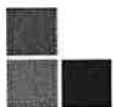
Benefit Service includes all periods of employment, with discontinuous and fractional periods of service aggregated and any fractional part of a year counted as a full year, including any period while the employee is disabled. No additional Benefit Service is credited to any participant after December 31, 2010. Periods of absence less than one year shall count as Benefit Service.

Compensation

Compensation includes base salary, overtime pay, bonuses and incentive compensation, sales commissions and incentives, and any amounts deferred under salary reduction agreements.

Final Average Compensation

Final Average Earnings is the total amount of earnings for the 60 consecutive months producing the highest total, divided by five. No earnings after December 31, 2017 are taken into account for purposes of determining Final Average Earnings.



Covered Compensation

Average of Social Security taxable wage bases for the 35 calendar years ending with the year in which the Participant attains Social Security retirement age.

Accrued Benefit

The participant's accrued benefit at any given date is determined under the normal retirement formula, but is based on current Benefit Service, final average earnings, and covered compensation.

Normal Retirement

Eligibility: The first day of the month coinciding with or next following 65th birthday

Benefit (Income): Current: The annual retirement benefit is based on one of the formulas below depending on which Participating Employer the participant is employed with.

Formula A - 1.4% of Final Average Earnings times Benefit Service plus .65% of Final Average Earnings in excess of Covered Compensation times the lesser of Benefit Service and 35 years. An automatic cost-of-living adjustment (COLA) is applied on each January 1 to the benefit after the benefit commences for employees who commenced employment prior to November 29, 1994. See COLA definition below

Formula B - 1.4% of Final Average Earnings times Benefit Service plus .65% of Final Average Earnings in excess of Covered Compensation times the lesser of Benefit Service and 35 years.

Plan benefits at termination/retirement will be reduced for any benefits accrued under certain prior plans for benefits earned in foreign subsidiaries or Canadian affiliates, or for retirement systems outside the U.S. for non-U.S. citizens and for whom the company, or its parent, are required to contribute, which apply to the same years of service considered under the Plan.

Early Retirement

Eligibility: First day of the month coincident with or next following age 55 with 10 years of vesting service.

Benefit: The benefit determined under the normal retirement benefit formula based on service at early retirement date, and reduced by 5/12% for each full month by which the date of benefit commencement precedes Normal Retirement Date.

Late Retirement

Eligibility: First of any month after Normal Retirement Date.

Benefit: The benefit determined under the normal retirement benefit formula based on service and earnings to actual retirement date.

Deferred Vested Retirement Benefit

Eligibility: On termination of employment with at least 5 years of vesting service (graded vesting beginning at 3 years for Kamyr participants as of January 1, 1993).

Benefit: The participant's accrued benefit is payable as a deferred pension commencing at his normal retirement date or provided the participant had at least 10 years of vesting service, a reduced benefit payable on the first day of any month following attainment of age 55.



Pre-Retirement Death Benefit in Active Service

Eligibility: Death of a married active vested participant.

Benefit:

- a) Before 5 Years (3 years for Kamyr participants as of January 1, 1993) of Vesting Service - none.
- b) After 5 Years (3 years for Kamyr participants as of January 1, 1993) of Vesting Service but before Age 55 – Surviving spouse's benefit is payable monthly for life at the date the employee would have attained age 65 and is equal to the benefit the spouse would have received if the employee had separated from service on the date of death, survived to age 65, retired under a 50% joint and survivor annuity, and died immediately thereafter. Such benefit is to be reduced (increased) 1% for each full year in excess of 5 full years that the surviving spouse is younger (older) than the deceased participant).
- c) After 10 Years of Vesting Service and Age 55 –Surviving spouse's benefit is payable monthly for life and is equal to the unreduced benefit the spouse would have received if the employee had retired under a 50% joint and survivor benefit immediately before his death. Such benefit is to be reduced (increased) 1% for each full year in excess of 5 full years that the surviving spouse is younger (older) than the deceased participant).

Death Benefit after Annuity Starting Date

The beneficiary of a participant who retires on his/her Early, Normal or Late retirement date will receive a \$5,000 lump sum death benefit. This is payable only to the extent the beneficiary is not entitled to a death benefit under a Participating Employer's postretirement life insurance plan

Normal Form of Retirement Benefit

Single: Life Annuity.

Married: Actuarially reduced Joint & 60% Survivor Annuity.

Optional Forms of Benefits

1. Joint and Survivor annuity with 50%, 60%, 60% pop-up, 75% or 100% continuation to Beneficiary.
2. Certain and Life annuity with 10 years guaranteed.
3. A lump sum benefit if Actuarial equivalent is between \$5,000 and \$10,000.

Small Benefits: benefits whose present value is not greater than \$5,000 are automatically paid out in a lump sum distribution or rolled over to an individual retirement plan.

Actuarial Equivalence Basis

Interest: PPA Segment rates as specified by the Secretary of the Treasury pursuant to Section 417(e)(3)(A) of the Internal Revenue Code for the month of December preceding the first day of the month during which the payment is made.

Mortality: The applicable mortality table prescribed by the Secretary of Treasury pursuant to Section 417(e)(3)(A) of the Internal Revenue Code.

Other than lump sums:

Mortality: Blended 1994 Group Annuity Reserving Table @2002

Interest: 6.0%.



Cost of Living Adjustments

The Cost-of-Living Adjustment for a Formula A participant employed by the company on or before November 29, 1994 is determined as follows. On the January 1, that is at least one year after the participant, or beneficiary commences his benefit, the adjustment is equal to the lesser of the percentage increase or decrease in the CPI and 3% however, that in no event shall the benefit be any less than the original benefit which was payable on the Annuity Starting Date. If the adjustment is capped at 3%, any excess is carried over to subsequent adjustment periods.

Employee Contributions

None.

Attachment to 2017 Form 5500 Schedule SB
Line 22 --Weighted Average Retirement Age

Plan Name The Ahlstrom-Munksjo Group Retirement Plan for U.S. Employees
Sponsor's EIN 13-3509370
Plan No. 001

Calculation of Weighted Average Retirement Age
(ignoring other sources of terminations)

Age	Rates of Retirement	Lives	(a)	(b)
			Retirements	Retirements x Age
55	-	1,000	-	-
56	-	1,000	-	-
57	-	1,000	-	-
58	-	1,000	-	-
59	-	1,000	-	-
60	0.1000	1,000	100	6,000
61	0.0500	900	45	2,745
62	0.2500	855	214	13,253
63	0.2000	641	128	8,080
64	0.1500	513	77	4,925
65	0.7500	436	327	21,257
66	0.6000	109	65	4,317
67	0.2000	44	9	584
68	0.2500	35	9	593
69	0.6700	26	18	1,210
70	1.0000	9	9	604
Total			1,000	63,568

Weighted Average Retirement Age: (b) / (a) = 64

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 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510-0110 1510-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2017</div> This Form Is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017			
A This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)	
B This return/report is:	☒ a single-employer plan	☐ a DFE (specify) _____	
	☐ 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 THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td>001</td> </tr> <tr> <td>1c Effective date of plan</td> <td>01/01/1985</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td>13-3509370</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td>860-654-8300</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>551112</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan	01/01/1985	2b Employer Identification Number (EIN)	13-3509370	2c Plan Sponsor's telephone number	860-654-8300	2d Business code (see instructions)	551112
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2d Business code (see instructions)	551112										
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) AHLSTROM-MUNKSJO USA INC. 2 ELM STREET WINDSOR LOCKS CT 06096-2335											

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		10-11-18	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**a** Sponsor's name **AHLSTROM USA, INC.****c** Plan Name **AHLSTROM GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES****4b** EIN**4d** PN

5 Total number of participants at the beginning of the plan year	5	446
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)	55
a (2) Total number of active participants at the end of the plan year	6a(2)	139
b Retired or separated participants receiving benefits	6b	239
c Other retired or separated participants entitled to future benefits	6c	191
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	569
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	37
f Total. Add lines 6d and 6e	6f	606
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**1A****b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

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

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

b General Schedules

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

THE AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES

FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2017

Employer Identification Number: 13-3509370

Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Single Transactions:								
* SEI Daily Income Trust Government Fund	Money market fund	\$ 4,445,000	\$ -	\$ -	\$ -	\$ 4,445,000	\$ 4,445,000	\$ -
* SEI Daily Income Trust Government Fund	Money market fund	-	4,445,000	-	-	4,445,000	4,445,000	-
Series of Transactions:								
* SEI World Equity Fund	Mutual fund	1,219,054	-	-	-	1,219,054	1,219,054	-
* SEI World Equity Fund	Mutual fund	-	3,091,123	-	-	2,476,622	3,091,123	614,501
Total number of purchases: 11								
Total number of sales: 25								
* SEI World Equity Fund	Mutual fund	6,221,767	-	-	-	6,221,767	6,221,767	-
* SEI World Equity Fund	Mutual fund	-	2,806,025	-	-	2,945,150	2,806,025	(139,125)
Total number of purchases: 24								
Total number of sales: 27								
* Represents a party-in-interest								

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

► Round off amounts to nearest dollar.

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

A Name of plan AHLSTROM-MUNKSJO GROUP RETIREMENT PLAN FOR U.S. EMPLOYEES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AHLSTROM-MUNKSJO USA INC.	D Employer Identification Number (EIN) 13-3509370	

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500
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Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value.....	2a	82,382,782	
b Actuarial value.....	2b	84,372,781	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	238	54,911,304	54,911,304
b For terminated vested participants	153	10,620,222	10,620,222
c For active participants	55	7,264,311	7,462,648
d Total	446	72,795,837	72,994,174
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.80%	
6 Target normal cost	6	644,026	

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

SIGN HERE	 Signature of actuary	<u>9/18/18</u> Date 1707674 Most recent enrollment number 860-521-8400 Telephone number (including area code)
ELLEN KUCENSKI Type or print name of actuary HOOKER & HOLCOMBE Firm name 65 LASALLE ROAD WEST HARTFORD CT 06107 Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	4,699,792	956,399
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	4,699,792	956,399
10 Interest on line 9 using prior year's actual return of <u>9.30%</u>	437,081	88,945
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		4,152,842
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.06%</u>		251,662
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		4,404,504
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	5,136,873	1,045,344

Part III Funding Percentages

14 Funding target attainment percentage	14	107.11%
15 Adjusted funding target attainment percentage.....	15	112.67%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.49%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	644,026	
b Excess assets, if applicable, but not greater than line 31a	31b	644,026	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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