

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST</u>
1b	Three-digit plan number (PN) ▶ <u>002</u>
1c	Effective date of plan <u>11/01/1984</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HY-KO PRODUCTS COMPANY</u> <u>60 MEADOW LANE</u> <u>NORTHFIELD, OH 44067</u>
2b	Employer Identification Number (EIN) <u>34-0700745</u>
2c	Plan Sponsor's telephone number <u>330-467-7446</u>
2d	Business code (see instructions) <u>339900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	ALICE BISSETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 207
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) 186
a(2) Total number of active participants at the end of the plan year	6a(2) 162
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 33
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 195
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 195
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 156
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

2A 2E 2J 2G 2T

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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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 HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY	D Employer Identification Number (EIN) 34-0700745	

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

(a) Name of insurance carrier NATIONWIDE TRUST COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-CP-HX5Z	9	01/01/2017	12/31/2017

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 129611**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 106063**c** Additions: (1) Contributions deposited during the year **7c(1)** 21709(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 3316(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 8223

▶ LOAN REPAYMENT/ REALLOCATED GAIN LOSS

(6) Total additions **7c(6)** 33248**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 139311**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1075(2) Administration charge made by carrier **7e(2)** 781(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 7844

▶ LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 9700**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 129611

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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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 HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY	D Employer Identification Number (EIN) 34-0700745	

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

(a) Name of insurance carrier NATIONWIDE TRUST COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-CP-HX5Z	9	01/01/2017	12/31/2017

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 129611**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 106063**c** Additions: (1) Contributions deposited during the year **7c(1)** 21709
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 3316
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 8223

▶ LOAN REPAYMENT/ REALLOCATED GAIN LOSS

(6) Total additions **7c(6)** 33248**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 139311**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1075(2) Administration charge made by carrier **7e(2)** 781(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 7844

▶ LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 9700**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 129611

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY	D Employer Identification Number (EIN) 34-0700745	

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	
MGO SECURITIES CORP	24400 CHAGRIN BLVD SUITE 310 BEACHWOOD, OH 44122

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

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

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

MOSKAL GROSS ORCHOSKY INC

24400 CHAGRIN BLVD
STE 310
BEACHWOOD, OH 44122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 17	THIRD PARTY ADMIN	35243	Yes ☒ No ☐	Yes ☐ No ☒	4877	Yes ☐ No ☒

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

MGO INVESTMENT ADVISORS

24400 CHAGRIN BLVD
STE 310
BEACHWOOD, OH 44122

(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?
26 27 28 31 38	INVESTMENT ADVISOR	26013	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 49 64 99	CUSTODIAN/RECORD KEEPER	14350	Yes ☒ No ☐	Yes ☐ No ☒	9985	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
MOSKAL GROSS ORCHOSKY	15 16 17 37	4877
(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISOR/ADMINISTRATIVE SERVICES FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 18 19 25 26 64 49 99	9985
(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.
MOSKAL GROSS ORCHOSKY 24400 CHAGRIN BLVD BEACHWOOD, OH 44122	ADMINISTRATIVE SERVICES FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MOSKAL GROSS ORCHOSKY	15 16 17 37	4877
(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISOR/ADMINISTRATIVE SERVICES FEE	

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
NATIONWIDE	15 18 19 25 26 64 49 99	9985
(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.	
MOSKAL GROSS ORCHOSKY 24400 CHAGRIN BLVD BEACHWOOD, OH 44122	ADMINISTRATIVE SERVICES FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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:	MALONEY NOVOTNY LLC	b EIN:	34-0677006
c Position:	ACCOUNTANTS		
d Address:	1111 SUPERIOR AVE. E SUITE 700 CLEVELAND, OH 44114	e Telephone:	216-524-8777

Explanation: SERVICES WERE TERMINATED DUE TO COMPANY ACCOUNTING CHANGE.

a Name:	MALONEY NOVOTNY LLC	b EIN:	34-0677006
c Position:	ACCOUNTANTS		
d Address:	1111 SUPERIOR AVE. E SUITE 700 CLEVELAND, OH 44114	e Telephone:	216-524-8777

Explanation: SERVICES WERE TERMINATED DUE TO COMPANY ACCOUNTING CHANGE.

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HY-KO PRODUCTS COMPANY</u>	D Employer Identification Number (EIN) <u>34-0700745</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)	0	6251
	(2) Participant contributions	1b(2)	12062	0
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14234	0
	(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)	146660	171852
	(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)	5277182	6600891
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	350349	172613
	(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	5800487 6951607
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	7034 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	7034 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5793453 6951607

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	153008
	(B) Participants	2a(1)(B)	450144
	(C) Others (including rollovers)	2a(1)(C)	122214
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	725366
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)	7181
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	7181
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		839709
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1572256

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	333933	
(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)		333933
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		11466
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	68703	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		68703
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		414102

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1158154
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: MEADEN & MOORE, LTD

(2) EIN: 34-1818258

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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>HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HY-KO PRODUCTS COMPANY</u>	D Employer Identification Number (EIN) <u>34-0700745</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4156830</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part III	Amendments
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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): _____		

- 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): _____

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2017

INDEX

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Plan Participants
Hy-Ko Products Company Savings Plan and Trust
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hy-Ko Products Company Savings Plan and Trust, which comprise the Statement of Net Assets Available for Benefits as of December 31, 2017, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2017 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Nationwide Trust Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2017, and for the year ended December 31, 2017, that the information provided to the plan administrator by the custodian 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.

Other Matter – Supplemental Information

The Schedule of Assets Held for Investment Purposes at End of Year as of and for the year ended December 31, 2017 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

Other Matter – 2016 Financial Statements

The financial statements of the Plan as of December 31, 2016 were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Custodian. Their report, dated August 29, 2017, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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 blue ink that reads "Meaden & Moore, Ltd." in a cursive script.

Meaden & Moore, Ltd.
Cleveland, Ohio

October 12, 2018

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Hy-Ko Products Company Savings Plan and Trust

	December 31	
	<u>2017</u>	<u>2016</u>
ASSETS		
Receivable - Employer contributions	\$ 6,251	\$ -
Receivable - Employee contributions	-	12,062
Notes receivable from participants	<u>171,852</u>	<u>146,660</u>
Total Receivables	178,103	158,722
Investments (at Fair Value):		
Interest bearing cash	-	14,234
Mutual Funds	6,600,891	5,277,182
Guaranteed Investment Contracts	<u>172,613</u>	<u>350,349</u>
Total Investments at Fair Value	6,773,504	5,641,765
LIABILITIES	<u>-</u>	<u>7,034</u>
Net Assets Available for Benefits	<u>\$ 6,951,607</u>	<u>\$ 5,793,453</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Hy-Ko Products Company Savings Plan and Trust

	Year Ended December 31	
	<u>2017</u>	<u>2016</u>
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 153,008	\$ -
Employee	450,144	340,791
Rollover	<u>122,214</u>	<u>-</u>
	725,366	340,791
Investment Income		
Interest and dividend income	339,187	205,169
Net unrealized/realized appreciation	<u>500,522</u>	<u>261,708</u>
Total Investment Income	839,709	466,877
Interest income on notes receivable from participants	7,181	6,213
Deductions from Net Assets Attributed to:		
Benefits paid to participants	333,933	1,202,889
Deemed Distributions	11,466	43,014
Administrative expenses	<u>68,703</u>	<u>74,671</u>
Total Deductions	<u>414,102</u>	<u>1,320,574</u>
Net Increase (Decrease)	1,158,154	(506,693)
Net Assets Available for Benefits:		
Beginning of Year	<u>5,793,453</u>	<u>6,300,146</u>
End of Year	<u><u>\$ 6,951,607</u></u>	<u><u>\$ 5,793,453</u></u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

1 Description of Plan

The following description of Hy-Ko Products Company Savings and Trust Plan provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began November 1, 1984, is a defined contribution plan covering substantially all employees of Hy-Ko Products Company (the "Sponsor") who meet the hour and age requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Sponsor and the trustees of the Plan have entered into supplemental participation agreements with three companies that are considered related parties to the Plan because of common ownership, Aurora Retail Group New Jersey, LLC, Hy-Ko Services, LLC, and Budget Wire and Display. The agreements allow the three companies to adopt the Plan as participating employers (collectively, with the Sponsor, the "Company").

Eligibility:

All employees of the Company age twenty-one and older and who are employed for sixty days are eligible to participate in the Plan. Eligible employees may enter the Plan the first day of a plan year or the first day of the seventh month of a plan year following fulfillment of the eligibility requirements.

Effective July 1, 2018, eligibility for all purposes has been changed from sixty days of service, to 30 with no age requirement. An eligible employee shall become a participant effective as of the first day of the month (or if sooner, the first day of the Plan Year) coinciding with or next following the date on which such employee met the eligibility requirements.

To be eligible for employer discretionary contributions, employees must be twenty-one and older and be employed by the Company for one year.

Contributions:

Employee Contributions – Each year, participants may contribute up to 100% of pretax annual compensation, as defined by the Plan. Participants may also elect to make after-tax Roth contributions. Participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions.

Employer Contributions - Effective January 1, 2017, a matching contribution equal to 50% of each such participant's elective deferrals will be made by the Company. However, in applying the matching percentage specified, only elective deferrals up to 6% of compensation shall be considered.

Employer Discretionary Contributions - The Company may elect to make a discretionary profit sharing contribution on behalf of each of three groups of employees defined in the Plan. The discretionary contribution to each group will be allocated or divided among eligible participants in each group by the compensation received by each participant during the plan year. Additional amounts may also be contributed at the discretion of the Company. The Company made no profit sharing contributions in 2017 or 2016.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

1 Description of Plan, Continued

Contributions, Continued:

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code as defined in the Plan agreement.

Participants' Accounts:

Each participant's account is credited with the participant's elective contributions, employer matching contributions, employer discretionary contributions, and earnings and losses thereon, including an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their accounts into various investment options offered by the Plan.

Vesting:

All participants are immediately 100% vested in their elective deferrals plus actual earnings thereon. In the event of termination of employment for reasons other than retirement, death, or disability, a participant shall have a vested right in the Company's contributions based on the participant's years of service with the Company.

A participant is vested as follows:

Years of Service	Vested %
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeitures:

Forfeited non-vested accounts are used to reinstate previously forfeited account balances of former participants, to pay administrative expenses or to reduce future employer discretionary contributions. Forfeitures for the years ended December 31, 2017 and 2016 were \$1,174 and \$637, respectively.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

1 Description of Plan, Continued

Notes Receivable from Participants:

Loans are permitted under certain circumstances and are subject to limitations. Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Participants may only have one loan outstanding from the Plan at one time. Repayments must be amortized in level payments, not less frequently than quarterly, over a period not extending beyond five years from the date of the loan. A loan is not subject to the five-year repayment requirement if it is used for the purchase of a primary residence. Loans are valued at unpaid principal plus accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator.

Other Plan Provisions:

Normal retirement age is 65, however, a participant may elect early retirement on or after age 55. The Plan also provides for early payment of benefits after reaching age 59-1/2.

Payment of Benefits:

The vested portion of a participant's account becomes payable upon death, disability, normal retirement age or termination of service for any other reason. Participants may choose to receive account balances in a lump sum, or in equal monthly, quarterly, semi-annual or annual installments not to exceed the participant's life expectancy. In-service distributions of vested balances may be made to a participant who has not separated from service provided the participant has attained age 53. Involuntary distributions of amounts less than \$5,000 are permitted under the Plan, but such distributions greater than \$1,000 must be directly rolled over to an individual retirement account set up by the plan administrator for the benefit of the participant.

Hardship Withdrawals:

In-service hardship withdrawals are permitted, in accordance with Internal Revenue Service guidelines, upon proof, to the satisfaction of the plan administrator, of an immediate and heavy financial need.

Investment Options:

Upon enrollment in the Plan, a participant may direct any contributions to any of the investment options offered by the Plan.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Valuation of Investments:

Investments are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker. The fair value of the guaranteed investment contract is calculated based on contract value and any adjustments.

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

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Administrative Fees:

Substantially all administrative fees are paid by the Company

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% percent vested in their accounts.

Risks and Uncertainties:

The Plan's investments include investments in mutual funds and group annuity contracts with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for Plan benefits.

Reclassifications:

Certain prior year amounts have been reclassified to conform with the current year's presentation.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

2 Summary of Significant Accounting Policies, Continued

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through October 12, 2018, which is the date the financial statements were available to be issued.

3 Tax Status

On March 31, 2014, the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended; however, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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 uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2017, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

4 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- * Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- * Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - * 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.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

4 Fair Value Measurements, Continued

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

* Level 3: Inputs that are unobservable inputs for the asset or liability.

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

Mutual Funds:

The fair value of the mutual funds are based on quoted market prices. They are valued at the closing price reported on the active market on which the individual securities are traded. As such, mutual funds are classified as Level 1.

Group Annuity Contracts:

The fair value of the group annuity contract is equal to contract value less any contingent deferred sales charge, if applicable, and market value adjustment, therefore, classified as Level 3.

The group annuity contract is a fixed return product with quarterly interest rate guarantees. Deposits are guaranteed in both principal and interest by Nationwide Life Insurance Company. Amounts are held in Nationwide Life Insurance Company's general account and are credited on a net daily basis at annual effective rates.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 6,600,891	\$ -	\$ -	\$ 6,600,891
Group Annuity Contracts	-	-	172,613	172,613
Investments at fair value	<u>\$ 6,600,891</u>	<u>\$ -</u>	<u>\$ 172,613</u>	<u>\$ 6,773,504</u>

Assets at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 5,291,416	\$ -	\$ -	\$ 5,291,416
Group Annuity Contracts	-	-	350,349	350,349
Investments at fair value	<u>\$ 5,291,416</u>	<u>\$ -</u>	<u>\$ 350,349</u>	<u>\$ 5,641,765</u>

For the years ended December 31, 2017 and 2016, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

4 Fair Value Measurements, Continued

Changes in Fair Value of Level 3 Assets and Related Gains and Losses:

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2017 and 2016.

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	
	Group Annuity Contract	
	2017	2016
Balance, Beginning of year	\$ 350,349	\$ 494,551
Realized gains/(losses)	-	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	2,921	1,199
Purchases	31,834	68,844
Sales	(212,491)	(214,245)
Transfers in and/or out of Level 3	-	-
Balance, end of year	<u>\$ 172,613</u>	<u>\$ 350,349</u>
The amount of total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	<u>\$ 2,921</u>	<u>\$ 1,199</u>

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements:

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2017.

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>	<u>Weighted Average</u>
Nationwide Best of America Fixed Income	43,002	Discounted Cash Flow	Installment Cashout	3.06%	4.12%
Nationwide Fixed Select	129,611	Discounted Cash Flow	Installment Cashout	1.99%	3.00%

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

4 Fair Value Measurements, Continued

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurement, Continues:

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2016.

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>	<u>Weighted Average</u>
Nationwide Best of America Fixed Income	244,286	Discounted Cash Flow	Installment Cashout	1.07%	4.57%
Nationwide Fixed Select	106,063	Discounted Cash Flow	Installment Cashout	3.09%	2.09%

5 Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Custodian.

	<u>2017</u>	<u>2016</u>
Investments, at Fair Value	\$ 6,773,504	\$ 5,641,765
Notes Receivable from Participants	\$ 171,852	\$ 146,660
Interest and Dividends	\$ 339,187	\$ 205,169
Interest Income from Notes Receivable	\$ 7,181	\$ 6,213
Net Appreciation	\$ 496,237	\$ 261,708

6 Party-in-Interest Transactions

Certain Plan investments are shares of a group annuity contract managed by Nationwide Financial Services, Inc., the Custodian as defined by the Plan, and therefore, these transactions qualify as party-in interest. Usual and customary fees were paid by the group annuity contract for the investment management services.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Hy-Ko Products Company Savings Plan and Trust

EIN 34-0700745
Plan Number 002

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	AB High Income Fund I	Mutual Fund	N/A	\$ 45,223
	American Century Equity Income Inst	Mutual Fund	N/A	340,633
	American Funds American Mutual Fund R6	Mutual Fund	N/A	16,907
	American Funds Capital Income Builder Fund F	Mutual Fund	N/A	246,689
	American Funds Income Fund of America R6	Mutual Fund	N/A	553,371
	American Funds New World Fund R6	Mutual Fund	N/A	130,502
	American Funds Washington Mutual R6	Mutual Fund	N/A	715,017
	Ave Maria Bond Fund	Mutual Fund	N/A	12,991
	Calvert Equity Fund I	Mutual Fund	N/A	12,407
	Calvert Small Cap Fund I	Mutual Fund	N/A	3,530
	Cohen & Steers Preferred Securities and Income	Mutual Fund	N/A	45,439
	Emerald Growth Inst	Mutual Fund	N/A	147,609
	Federated Government Obligations Premier Fun	Mutual Fund	N/A	4,045
	Federated Strategic Income Inst	Mutual Fund	N/A	3,448
	Federated Strategic Value Dividend Inst	Mutual Fund	N/A	94,545
	Fidelity Advisor New Insights Fund I	Mutual Fund	N/A	181,598
	Franklin Income Adv	Mutual Fund	N/A	109,858
	Franklin Small Cap Growth Adv	Mutual Fund	N/A	20,226
	Franklin Mutual European Fund Class Z	Mutual Fund	N/A	167,304
	Franklin Templeton Global Bond Adv	Mutual Fund	N/A	188,789
	Horizon Active Asset Allocation Fund	Mutual Fund	N/A	358,158
	Horizon Active Income Inst	Mutual Fund	N/A	185,639
	Invesco Gold and Precious Metals Fund Y	Mutual Fund	N/A	22,899
	Ivy Global Income Allocation Fund N	Mutual Fund	N/A	65,185
	JPMorgan Mid Cap Value L Fund	Mutual Fund	N/A	159,575
	JPMorgan Small Cap Value Fund R6	Mutual Fund	N/A	125,052
	Neuberger Mid Cap Growth Inst Fund	Mutual Fund	N/A	56,627

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2017****This Form Is Open to Public Inspection****Part I Annual Report Identification Information**

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 11/01/1984
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) HY-KO PRODUCTS COMPANY 60 MEADOW LANE NORTHFIELD OH 44067	2b Employer Identification Number (EIN) 34-0700745 2c Plan Sponsor's telephone number 330-467-7446 2d Business code (see instructions) 339900

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	<i>Alice M. Bissett</i>	10/10/18	Alice Bissett
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 207
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) 186
a(2) Total number of active participants at the end of the plan year	6a(2) 162
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 33
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 195
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 195
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 156
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2J 2G 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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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 HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY	D Employer Identification Number (EIN) 34-0700745

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

1 Coverage Information:

(a) Name of insurance carrier NATIONWIDE TRUST COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-CP-HX5Z	9	01/01/2017	12/31/2017

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 129,611**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 106,063**c** Additions: (1) Contributions deposited during the year **7c(1)** 21,709(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 3,316(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 8,223

▶ Loan Repayment/ Reallocated Gain Loss

(6) Total additions **7c(6)** 33,248**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 139,311**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1,075(2) Administration charge made by carrier **7e(2)** 781(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 7,844

▶ Loan Withdrawal

(5) Total deductions **7e(5)** 9,700**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 129,611

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)	0	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)	0	
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)	0	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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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 HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY	D Employer Identification Number (EIN) 34-0700745

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

1 Coverage Information:

(a) Name of insurance carrier NATIONWIDE TRUST COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-CP-HX5Z	9	01/01/2017	12/31/2017

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

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

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 129,611**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 106,063**c** Additions: (1) Contributions deposited during the year **7c(1)** 21,709(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 3,316(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 8,223

▶ Loan Repayment/ Reallocated Gain Loss

(6) Total additions **7c(6)** 33,248**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 139,311**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1,075(2) Administration charge made by carrier **7e(2)** 781(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 7,844

▶ Loan Withdrawal

(5) Total deductions **7e(5)** 9,700**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 129,611

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)	0	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)	0	
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)	0	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY		D Employer Identification Number (EIN) 34-0700745	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation MGO SECURITIES CORP 24400 CHAGRIN BLVD SUITE 310 BEACHWOOD OH 44122

(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

(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)

MOSKAL GROSS ORCHOSKY INC
24400 CHAGRIN BLVD
STE 310
BEACHWOOD OH 44122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 17	THIRD PARTY ADMIN	35,243	Yes ☒ No ☐	Yes ☐ No ☒	4,877	Yes ☐ No ☒

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

MGO INVESTMENT ADVISORS
24400 CHAGRIN BLVD
STE 310
BEACHWOOD OH 44122

(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?
26 27 28 31 38	INVESTMENT ADVISOR	26,013	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONWIDE
ONE NATIONWIDE PLAZA
COLUMBUS OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 49 64 99	CUSTODIAN/ RECORD KEEPER	14,350	Yes ☒ No ☐	Yes ☐ No ☒	9,985	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
Moskal Gross Orchosky	15 37 16 17	4,877
(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.	
Nationwide One Nationwide Plaza Columbus OH 43215	Advisor/Administrative services fee	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
Nationwide	15 25 49 18 26 99 19 64	9,985
(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.	
Moskal Gross Orchosky 24400 Chagrin Blvd Suite 310 Beachwood OH 44122	Administrative Services fee	
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name: Maloney Novotny LLC	b EIN: 34-0677006
c Position: Accountants	
d Address: 1111 Superior Ave. E Suite 700 Cleveland OH 44114	e Telephone: 216-524-8777

Explanation: Services were terminated due to Company Accounting change.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY		D Employer Identification Number (EIN) 34-0700745

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	6,251
(2) Participant contributions	1b(2)	12,062	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	14,234	0
(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)	146,660	171,852
(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)	5,277,182	6,600,891
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	350,349	172,613
(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	5,800,487	6,951,607

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	7,034	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	7,034	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5,793,453	6,951,607
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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)	153,008	
(B) Participants	2a(1)(B)	450,144	
(C) Others (including rollovers)	2a(1)(C)	122,214	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		725,366
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)	7,181	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7,181
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		839,709
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1,572,256

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	333,933	
(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)		333,933
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		11,466
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	68,703	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		68,703
j Total expenses. Add all expense amounts in column (b) and enter total	2j		414,102

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1,158,154
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: Meaden & Moore, LTD

(2) EIN: 34-1818258

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	
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	
e Was this plan covered by a fidelity bond?	X		500,000
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	
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	
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	
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		
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	
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	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY		D Employer Identification Number (EIN) 34-0700745
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-4156830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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a Name of contributing employer

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c Dollar amount contributed by employer

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(1) Contribution rate (in dollars and cents)

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

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)

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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):

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2017

INDEX

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Plan Participants
Hy-Ko Products Company Savings Plan and Trust
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hy-Ko Products Company Savings Plan and Trust, which comprise the Statement of Net Assets Available for Benefits as of December 31, 2017, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2017 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Nationwide Trust Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2017, and for the year ended December 31, 2017, that the information provided to the plan administrator by the custodian 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.

Other Matter – Supplemental Information

The Schedule of Assets Held for Investment Purposes at End of Year as of and for the year ended December 31, 2017 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

Other Matter – 2016 Financial Statements

The financial statements of the Plan as of December 31, 2016 were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Custodian. Their report, dated August 29, 2017, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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 blue ink that reads "Meaden & Moore, Ltd." in a cursive script.

Meaden & Moore, Ltd.
Cleveland, Ohio

October 12, 2018

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Hy-Ko Products Company Savings Plan and Trust

	December 31	
	<u>2017</u>	<u>2016</u>
ASSETS		
Receivable - Employer contributions	\$ 6,251	\$ -
Receivable - Employee contributions	-	12,062
Notes receivable from participants	<u>171,852</u>	<u>146,660</u>
Total Receivables	178,103	158,722
Investments (at Fair Value):		
Interest bearing cash	-	14,234
Mutual Funds	6,600,891	5,277,182
Guaranteed Investment Contracts	<u>172,613</u>	<u>350,349</u>
Total Investments at Fair Value	6,773,504	5,641,765
LIABILITIES	<u>-</u>	<u>7,034</u>
Net Assets Available for Benefits	<u>\$ 6,951,607</u>	<u>\$ 5,793,453</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Hy-Ko Products Company Savings Plan and Trust

	Year Ended December 31	
	<u>2017</u>	<u>2016</u>
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 153,008	\$ -
Employee	450,144	340,791
Rollover	<u>122,214</u>	<u>-</u>
	725,366	340,791
Investment Income		
Interest and dividend income	339,187	205,169
Net unrealized/realized appreciation	<u>500,522</u>	<u>261,708</u>
Total Investment Income	839,709	466,877
Interest income on notes receivable from participants	7,181	6,213
Deductions from Net Assets Attributed to:		
Benefits paid to participants	333,933	1,202,889
Deemed Distributions	11,466	43,014
Administrative expenses	<u>68,703</u>	<u>74,671</u>
Total Deductions	<u>414,102</u>	<u>1,320,574</u>
Net Increase (Decrease)	1,158,154	(506,693)
Net Assets Available for Benefits:		
Beginning of Year	<u>5,793,453</u>	<u>6,300,146</u>
End of Year	<u><u>\$ 6,951,607</u></u>	<u><u>\$ 5,793,453</u></u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

1 Description of Plan

The following description of Hy-Ko Products Company Savings and Trust Plan provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began November 1, 1984, is a defined contribution plan covering substantially all employees of Hy-Ko Products Company (the "Sponsor") who meet the hour and age requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Sponsor and the trustees of the Plan have entered into supplemental participation agreements with three companies that are considered related parties to the Plan because of common ownership, Aurora Retail Group New Jersey, LLC, Hy-Ko Services, LLC, and Budget Wire and Display. The agreements allow the three companies to adopt the Plan as participating employers (collectively, with the Sponsor, the "Company").

Eligibility:

All employees of the Company age twenty-one and older and who are employed for sixty days are eligible to participate in the Plan. Eligible employees may enter the Plan the first day of a plan year or the first day of the seventh month of a plan year following fulfillment of the eligibility requirements.

Effective July 1, 2018, eligibility for all purposes has been changed from sixty days of service, to 30 with no age requirement. An eligible employee shall become a participant effective as of the first day of the month (or if sooner, the first day of the Plan Year) coinciding with or next following the date on which such employee met the eligibility requirements.

To be eligible for employer discretionary contributions, employees must be twenty-one and older and be employed by the Company for one year.

Contributions:

Employee Contributions – Each year, participants may contribute up to 100% of pretax annual compensation, as defined by the Plan. Participants may also elect to make after-tax Roth contributions. Participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions.

Employer Contributions - Effective January 1, 2017, a matching contribution equal to 50% of each such participant's elective deferrals will be made by the Company. However, in applying the matching percentage specified, only elective deferrals up to 6% of compensation shall be considered.

Employer Discretionary Contributions - The Company may elect to make a discretionary profit sharing contribution on behalf of each of three groups of employees defined in the Plan. The discretionary contribution to each group will be allocated or divided among eligible participants in each group by the compensation received by each participant during the plan year. Additional amounts may also be contributed at the discretion of the Company. The Company made no profit sharing contributions in 2017 or 2016.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

1 Description of Plan, Continued

Contributions, Continued:

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code as defined in the Plan agreement.

Participants' Accounts:

Each participant's account is credited with the participant's elective contributions, employer matching contributions, employer discretionary contributions, and earnings and losses thereon, including an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their accounts into various investment options offered by the Plan.

Vesting:

All participants are immediately 100% vested in their elective deferrals plus actual earnings thereon. In the event of termination of employment for reasons other than retirement, death, or disability, a participant shall have a vested right in the Company's contributions based on the participant's years of service with the Company.

A participant is vested as follows:

Years of Service	Vested %
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeitures:

Forfeited non-vested accounts are used to reinstate previously forfeited account balances of former participants, to pay administrative expenses or to reduce future employer discretionary contributions. Forfeitures for the years ended December 31, 2017 and 2016 were \$1,174 and \$637, respectively.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

1 Description of Plan, Continued

Notes Receivable from Participants:

Loans are permitted under certain circumstances and are subject to limitations. Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Participants may only have one loan outstanding from the Plan at one time. Repayments must be amortized in level payments, not less frequently than quarterly, over a period not extending beyond five years from the date of the loan. A loan is not subject to the five-year repayment requirement if it is used for the purchase of a primary residence. Loans are valued at unpaid principal plus accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator.

Other Plan Provisions:

Normal retirement age is 65, however, a participant may elect early retirement on or after age 55. The Plan also provides for early payment of benefits after reaching age 59-1/2.

Payment of Benefits:

The vested portion of a participant's account becomes payable upon death, disability, normal retirement age or termination of service for any other reason. Participants may choose to receive account balances in a lump sum, or in equal monthly, quarterly, semi-annual or annual installments not to exceed the participant's life expectancy. In-service distributions of vested balances may be made to a participant who has not separated from service provided the participant has attained age 53. Involuntary distributions of amounts less than \$5,000 are permitted under the Plan, but such distributions greater than \$1,000 must be directly rolled over to an individual retirement account set up by the plan administrator for the benefit of the participant.

Hardship Withdrawals:

In-service hardship withdrawals are permitted, in accordance with Internal Revenue Service guidelines, upon proof, to the satisfaction of the plan administrator, of an immediate and heavy financial need.

Investment Options:

Upon enrollment in the Plan, a participant may direct any contributions to any of the investment options offered by the Plan.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Valuation of Investments:

Investments are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker. The fair value of the guaranteed investment contract is calculated based on contract value and any adjustments.

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

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Administrative Fees:

Substantially all administrative fees are paid by the Company

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% percent vested in their accounts.

Risks and Uncertainties:

The Plan's investments include investments in mutual funds and group annuity contracts with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for Plan benefits.

Reclassifications:

Certain prior year amounts have been reclassified to conform with the current year's presentation.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

2 Summary of Significant Accounting Policies, Continued

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through October 12, 2018, which is the date the financial statements were available to be issued.

3 Tax Status

On March 31, 2014, the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended; however, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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 uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2017, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

4 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- * Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- * Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - * 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.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

4 Fair Value Measurements, Continued

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

* Level 3: Inputs that are unobservable inputs for the asset or liability.

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

Mutual Funds:

The fair value of the mutual funds are based on quoted market prices. They are valued at the closing price reported on the active market on which the individual securities are traded. As such, mutual funds are classified as Level 1.

Group Annuity Contracts:

The fair value of the group annuity contract is equal to contract value less any contingent deferred sales charge, if applicable, and market value adjustment, therefore, classified as Level 3.

The group annuity contract is a fixed return product with quarterly interest rate guarantees. Deposits are guaranteed in both principal and interest by Nationwide Life Insurance Company. Amounts are held in Nationwide Life Insurance Company's general account and are credited on a net daily basis at annual effective rates.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 6,600,891	\$ -	\$ -	\$ 6,600,891
Group Annuity Contracts	-	-	172,613	172,613
Investments at fair value	<u>\$ 6,600,891</u>	<u>\$ -</u>	<u>\$ 172,613</u>	<u>\$ 6,773,504</u>

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 5,291,416	\$ -	\$ -	\$ 5,291,416
Group Annuity Contracts	-	-	350,349	350,349
Investments at fair value	<u>\$ 5,291,416</u>	<u>\$ -</u>	<u>\$ 350,349</u>	<u>\$ 5,641,765</u>

For the years ended December 31, 2017 and 2016, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

4 Fair Value Measurements, Continued

Changes in Fair Value of Level 3 Assets and Related Gains and Losses:

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2017 and 2016.

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	
	Group Annuity Contract	
	2017	2016
Balance, Beginning of year	\$ 350,349	\$ 494,551
Realized gains/(losses)	-	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	2,921	1,199
Purchases	31,834	68,844
Sales	(212,491)	(214,245)
Transfers in and/or out of Level 3	-	-
Balance, end of year	<u>\$ 172,613</u>	<u>\$ 350,349</u>
The amount of total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	<u>\$ 2,921</u>	<u>\$ 1,199</u>

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements:

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2017.

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Nationwide Best of America Fixed Income	43,002	Discounted Cash Flow	Installment Cashout	3.06%	4.12%
Nationwide Fixed Select	129,611	Discounted Cash Flow	Installment Cashout	1.99%	3.00%

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

4 Fair Value Measurements, Continued

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurement, Continues:

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2016.

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>	<u>Weighted Average</u>
Nationwide Best of America Fixed Income	244,286	Discounted Cash Flow	Installment Cashout	1.07%	4.57%
Nationwide Fixed Select	106,063	Discounted Cash Flow	Installment Cashout	3.09%	2.09%

5 Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Custodian.

	<u>2017</u>	<u>2016</u>
Investments, at Fair Value	\$ 6,773,504	\$ 5,641,765
Notes Receivable from Participants	\$ 171,852	\$ 146,660
Interest and Dividends	\$ 339,187	\$ 205,169
Interest Income from Notes Receivable	\$ 7,181	\$ 6,213
Net Appreciation	\$ 496,237	\$ 261,708

6 Party-in-Interest Transactions

Certain Plan investments are shares of a group annuity contract managed by Nationwide Financial Services, Inc., the Custodian as defined by the Plan, and therefore, these transactions qualify as party-in interest. Usual and customary fees were paid by the group annuity contract for the investment management services.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Hy-Ko Products Company Savings Plan and Trust

EIN 34-0700745
Plan Number 002

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	AB High Income Fund I	Mutual Fund	N/A	\$ 45,223
	American Century Equity Income Inst	Mutual Fund	N/A	340,633
	American Funds American Mutual Fund R6	Mutual Fund	N/A	16,907
	American Funds Capital Income Builder Fund F	Mutual Fund	N/A	246,689
	American Funds Income Fund of America R6	Mutual Fund	N/A	553,371
	American Funds New World Fund R6	Mutual Fund	N/A	130,502
	American Funds Washington Mutual R6	Mutual Fund	N/A	715,017
	Ave Maria Bond Fund	Mutual Fund	N/A	12,991
	Calvert Equity Fund I	Mutual Fund	N/A	12,407
	Calvert Small Cap Fund I	Mutual Fund	N/A	3,530
	Cohen & Steers Preferred Securities and Income	Mutual Fund	N/A	45,439
	Emerald Growth Inst	Mutual Fund	N/A	147,609
	Federated Government Obligations Premier Fun	Mutual Fund	N/A	4,045
	Federated Strategic Income Inst	Mutual Fund	N/A	3,448
	Federated Strategic Value Dividend Inst	Mutual Fund	N/A	94,545
	Fidelity Advisor New Insights Fund I	Mutual Fund	N/A	181,598
	Franklin Income Adv	Mutual Fund	N/A	109,858
	Franklin Small Cap Growth Adv	Mutual Fund	N/A	20,226
	Franklin Mutual European Fund Class Z	Mutual Fund	N/A	167,304
	Franklin Templeton Global Bond Adv	Mutual Fund	N/A	188,789
	Horizon Active Asset Allocation Fund	Mutual Fund	N/A	358,158
	Horizon Active Income Inst	Mutual Fund	N/A	185,639
	Invesco Gold and Precious Metals Fund Y	Mutual Fund	N/A	22,899
	Ivy Global Income Allocation Fund N	Mutual Fund	N/A	65,185
	JPMorgan Mid Cap Value L Fund	Mutual Fund	N/A	159,575
	JPMorgan Small Cap Value Fund R6	Mutual Fund	N/A	125,052
	Neuberger Mid Cap Growth Inst Fund	Mutual Fund	N/A	56,627

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Oppenheimer International Growth Y Fund	Mutual Fund	N/A	204,909
	Oppenheimer Senior Floating Rate Fund	Mutual Fund	N/A	213,984
	Oppenheimer SteelPath MLP Select 40 Fund Y	Mutual Fund	N/A	43,139
	Pimco All Asset All Authority Institutional Fund	Mutual Fund	N/A	92,168
	Pimco Income Inst Fund	Mutual Fund	N/A	290,601
	Parnassus Core Equity Fund	Mutual Fund	N/A	13,498
	Pax Global Environmental Markets Inst	Mutual Fund	N/A	3,582
	Pioneer Bond Fund	Mutual Fund	N/A	283,522
	T. Rowe Price New Horizons Fund	Mutual Fund	N/A	225,467
	Victory Incore Fund for Income I	Mutual Fund	N/A	171,861
	Vanguard 500 Index Fund Admiral Shares	Mutual Fund	N/A	541,185
	Vanguard Dividend Appreciation Index Fund In	Mutual Fund	N/A	119,191
	Vanguard Extended Market Index Adm	Mutual Fund	N/A	39,872
	Vanguard Long-Term Investment Grade Fund	Mutual Fund	N/A	436
	Vanguard Small Cap Value Index Fund Inv	Mutual Fund	N/A	66,304
	Vanguard Total Bond Market Idx Adm	Mutual Fund	N/A	3,179
	Vanguard Total International Stock Index Adml	Mutual Fund	N/A	225
	Vanguard Total Stock Market Index Fund AS	Mutual Fund	N/A	29,792
	Wells Fargo Discovery Inst Fund	Mutual Fund	N/A	20,793
	Wells Fargo Premier Large Co Gr Inst	Mutual Fund	N/A	47,420
	Wells Fargo Special Mid Cap Value Inst	Mutual Fund	N/A	176,497
*	Nationwide Best of America Fixed Contract	Group Annuity Contract	N/A	43,002
*	Nationwide Fixed Select Contract	Group Annuity Contract	N/A	129,611
		Subtotal Investments		6,773,504
*	Participant loans	(interest at 4.25% to 5.25%)	N/A	171,852
				<u>\$ 6,945,356</u>
*	Party-in-interest to the Plan.			

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2017

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Plan Participants
Hy-Ko Products Company Savings Plan and Trust
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hy-Ko Products Company Savings Plan and Trust, which comprise the Statement of Net Assets Available for Benefits as of December 31, 2017, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2017 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Nationwide Trust Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2017, and for the year ended December 31, 2017, that the information provided to the plan administrator by the custodian 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.

Other Matter – Supplemental Information

The Schedule of Assets Held for Investment Purposes at End of Year as of and for the year ended December 31, 2017 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

Other Matter – 2016 Financial Statements

The financial statements of the Plan as of December 31, 2016 were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Custodian. Their report, dated August 29, 2017, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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 blue ink that reads "Meaden & Moore, Ltd." in a cursive script.

Meaden & Moore, Ltd.
Cleveland, Ohio

October 12, 2018

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Hy-Ko Products Company Savings Plan and Trust

	December 31	
	<u>2017</u>	<u>2016</u>
ASSETS		
Receivable - Employer contributions	\$ 6,251	\$ -
Receivable - Employee contributions	-	12,062
Notes receivable from participants	<u>171,852</u>	<u>146,660</u>
Total Receivables	178,103	158,722
Investments (at Fair Value):		
Interest bearing cash	-	14,234
Mutual Funds	6,600,891	5,277,182
Guaranteed Investment Contracts	<u>172,613</u>	<u>350,349</u>
Total Investments at Fair Value	6,773,504	5,641,765
LIABILITIES	<u>-</u>	<u>7,034</u>
Net Assets Available for Benefits	<u>\$ 6,951,607</u>	<u>\$ 5,793,453</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Hy-Ko Products Company Savings Plan and Trust

	Year Ended December 31	
	<u>2017</u>	<u>2016</u>
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 153,008	\$ -
Employee	450,144	340,791
Rollover	<u>122,214</u>	<u>-</u>
	725,366	340,791
Investment Income		
Interest and dividend income	339,187	205,169
Net unrealized/realized appreciation	<u>500,522</u>	<u>261,708</u>
Total Investment Income	839,709	466,877
Interest income on notes receivable from participants	7,181	6,213
Deductions from Net Assets Attributed to:		
Benefits paid to participants	333,933	1,202,889
Deemed Distributions	11,466	43,014
Administrative expenses	<u>68,703</u>	<u>74,671</u>
Total Deductions	<u>414,102</u>	<u>1,320,574</u>
Net Increase (Decrease)	1,158,154	(506,693)
Net Assets Available for Benefits:		
Beginning of Year	<u>5,793,453</u>	<u>6,300,146</u>
End of Year	<u><u>\$ 6,951,607</u></u>	<u><u>\$ 5,793,453</u></u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

1 Description of Plan

The following description of Hy-Ko Products Company Savings and Trust Plan provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began November 1, 1984, is a defined contribution plan covering substantially all employees of Hy-Ko Products Company (the "Sponsor") who meet the hour and age requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Sponsor and the trustees of the Plan have entered into supplemental participation agreements with three companies that are considered related parties to the Plan because of common ownership, Aurora Retail Group New Jersey, LLC, Hy-Ko Services, LLC, and Budget Wire and Display. The agreements allow the three companies to adopt the Plan as participating employers (collectively, with the Sponsor, the "Company").

Eligibility:

All employees of the Company age twenty-one and older and who are employed for sixty days are eligible to participate in the Plan. Eligible employees may enter the Plan the first day of a plan year or the first day of the seventh month of a plan year following fulfillment of the eligibility requirements.

Effective July 1, 2018, eligibility for all purposes has been changed from sixty days of service, to 30 with no age requirement. An eligible employee shall become a participant effective as of the first day of the month (or if sooner, the first day of the Plan Year) coinciding with or next following the date on which such employee met the eligibility requirements.

To be eligible for employer discretionary contributions, employees must be twenty-one and older and be employed by the Company for one year.

Contributions:

Employee Contributions – Each year, participants may contribute up to 100% of pretax annual compensation, as defined by the Plan. Participants may also elect to make after-tax Roth contributions. Participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions.

Employer Contributions - Effective January 1, 2017, a matching contribution equal to 50% of each such participant's elective deferrals will be made by the Company. However, in applying the matching percentage specified, only elective deferrals up to 6% of compensation shall be considered.

Employer Discretionary Contributions - The Company may elect to make a discretionary profit sharing contribution on behalf of each of three groups of employees defined in the Plan. The discretionary contribution to each group will be allocated or divided among eligible participants in each group by the compensation received by each participant during the plan year. Additional amounts may also be contributed at the discretion of the Company. The Company made no profit sharing contributions in 2017 or 2016.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

1 Description of Plan, Continued

Contributions, Continued:

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code as defined in the Plan agreement.

Participants' Accounts:

Each participant's account is credited with the participant's elective contributions, employer matching contributions, employer discretionary contributions, and earnings and losses thereon, including an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their accounts into various investment options offered by the Plan.

Vesting:

All participants are immediately 100% vested in their elective deferrals plus actual earnings thereon. In the event of termination of employment for reasons other than retirement, death, or disability, a participant shall have a vested right in the Company's contributions based on the participant's years of service with the Company.

A participant is vested as follows:

Years of Service	Vested %
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeitures:

Forfeited non-vested accounts are used to reinstate previously forfeited account balances of former participants, to pay administrative expenses or to reduce future employer discretionary contributions. Forfeitures for the years ended December 31, 2017 and 2016 were \$1,174 and \$637, respectively.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

1 Description of Plan, Continued

Notes Receivable from Participants:

Loans are permitted under certain circumstances and are subject to limitations. Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Participants may only have one loan outstanding from the Plan at one time. Repayments must be amortized in level payments, not less frequently than quarterly, over a period not extending beyond five years from the date of the loan. A loan is not subject to the five-year repayment requirement if it is used for the purchase of a primary residence. Loans are valued at unpaid principal plus accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator.

Other Plan Provisions:

Normal retirement age is 65, however, a participant may elect early retirement on or after age 55. The Plan also provides for early payment of benefits after reaching age 59-1/2.

Payment of Benefits:

The vested portion of a participant's account becomes payable upon death, disability, normal retirement age or termination of service for any other reason. Participants may choose to receive account balances in a lump sum, or in equal monthly, quarterly, semi-annual or annual installments not to exceed the participant's life expectancy. In-service distributions of vested balances may be made to a participant who has not separated from service provided the participant has attained age 53. Involuntary distributions of amounts less than \$5,000 are permitted under the Plan, but such distributions greater than \$1,000 must be directly rolled over to an individual retirement account set up by the plan administrator for the benefit of the participant.

Hardship Withdrawals:

In-service hardship withdrawals are permitted, in accordance with Internal Revenue Service guidelines, upon proof, to the satisfaction of the plan administrator, of an immediate and heavy financial need.

Investment Options:

Upon enrollment in the Plan, a participant may direct any contributions to any of the investment options offered by the Plan.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Valuation of Investments:

Investments are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker. The fair value of the guaranteed investment contract is calculated based on contract value and any adjustments.

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

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Administrative Fees:

Substantially all administrative fees are paid by the Company

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% percent vested in their accounts.

Risks and Uncertainties:

The Plan's investments include investments in mutual funds and group annuity contracts with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for Plan benefits.

Reclassifications:

Certain prior year amounts have been reclassified to conform with the current year's presentation.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

2 Summary of Significant Accounting Policies, Continued

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through October 12, 2018, which is the date the financial statements were available to be issued.

3 Tax Status

On March 31, 2014, the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended; however, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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 uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2017, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

4 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- * Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- * Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - * 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.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

4 Fair Value Measurements, Continued

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

* Level 3: Inputs that are unobservable inputs for the asset or liability.

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

Mutual Funds:

The fair value of the mutual funds are based on quoted market prices. They are valued at the closing price reported on the active market on which the individual securities are traded. As such, mutual funds are classified as Level 1.

Group Annuity Contracts:

The fair value of the group annuity contract is equal to contract value less any contingent deferred sales charge, if applicable, and market value adjustment, therefore, classified as Level 3.

The group annuity contract is a fixed return product with quarterly interest rate guarantees. Deposits are guaranteed in both principal and interest by Nationwide Life Insurance Company. Amounts are held in Nationwide Life Insurance Company's general account and are credited on a net daily basis at annual effective rates.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 6,600,891	\$ -	\$ -	\$ 6,600,891
Group Annuity Contracts	-	-	172,613	172,613
Investments at fair value	<u>\$ 6,600,891</u>	<u>\$ -</u>	<u>\$ 172,613</u>	<u>\$ 6,773,504</u>

Assets at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 5,291,416	\$ -	\$ -	\$ 5,291,416
Group Annuity Contracts	-	-	350,349	350,349
Investments at fair value	<u>\$ 5,291,416</u>	<u>\$ -</u>	<u>\$ 350,349</u>	<u>\$ 5,641,765</u>

For the years ended December 31, 2017 and 2016, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

4 Fair Value Measurements, Continued

Changes in Fair Value of Level 3 Assets and Related Gains and Losses:

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2017 and 2016.

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	
	Group Annuity Contract	
	2017	2016
Balance, Beginning of year	\$ 350,349	\$ 494,551
Realized gains/(losses)	-	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	2,921	1,199
Purchases	31,834	68,844
Sales	(212,491)	(214,245)
Transfers in and/or out of Level 3	-	-
Balance, end of year	<u>\$ 172,613</u>	<u>\$ 350,349</u>
The amount of total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	<u>\$ 2,921</u>	<u>\$ 1,199</u>

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements:

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2017.

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>	<u>Weighted Average</u>
Nationwide Best of America Fixed Income	43,002	Discounted Cash Flow	Installment Cashout	3.06%	4.12%
Nationwide Fixed Select	129,611	Discounted Cash Flow	Installment Cashout	1.99%	3.00%

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

4 Fair Value Measurements, Continued

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurement, Continues:

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2016.

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>	<u>Weighted Average</u>
Nationwide Best of America Fixed Income	244,286	Discounted Cash Flow	Installment Cashout	1.07%	4.57%
Nationwide Fixed Select	106,063	Discounted Cash Flow	Installment Cashout	3.09%	2.09%

5 Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Custodian.

	<u>2017</u>	<u>2016</u>
Investments, at Fair Value	\$ 6,773,504	\$ 5,641,765
Notes Receivable from Participants	\$ 171,852	\$ 146,660
Interest and Dividends	\$ 339,187	\$ 205,169
Interest Income from Notes Receivable	\$ 7,181	\$ 6,213
Net Appreciation	\$ 496,237	\$ 261,708

6 Party-in-Interest Transactions

Certain Plan investments are shares of a group annuity contract managed by Nationwide Financial Services, Inc., the Custodian as defined by the Plan, and therefore, these transactions qualify as party-in interest. Usual and customary fees were paid by the group annuity contract for the investment management services.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Hy-Ko Products Company Savings Plan and Trust

EIN 34-0700745
Plan Number 002

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	AB High Income Fund I	Mutual Fund	N/A	\$ 45,223
	American Century Equity Income Inst	Mutual Fund	N/A	340,633
	American Funds American Mutual Fund R6	Mutual Fund	N/A	16,907
	American Funds Capital Income Builder Fund F	Mutual Fund	N/A	246,689
	American Funds Income Fund of America R6	Mutual Fund	N/A	553,371
	American Funds New World Fund R6	Mutual Fund	N/A	130,502
	American Funds Washington Mutual R6	Mutual Fund	N/A	715,017
	Ave Maria Bond Fund	Mutual Fund	N/A	12,991
	Calvert Equity Fund I	Mutual Fund	N/A	12,407
	Calvert Small Cap Fund I	Mutual Fund	N/A	3,530
	Cohen & Steers Preferred Securities and Income	Mutual Fund	N/A	45,439
	Emerald Growth Inst	Mutual Fund	N/A	147,609
	Federated Government Obligations Premier Fun	Mutual Fund	N/A	4,045
	Federated Strategic Income Inst	Mutual Fund	N/A	3,448
	Federated Strategic Value Dividend Inst	Mutual Fund	N/A	94,545
	Fidelity Advisor New Insights Fund I	Mutual Fund	N/A	181,598
	Franklin Income Adv	Mutual Fund	N/A	109,858
	Franklin Small Cap Growth Adv	Mutual Fund	N/A	20,226
	Franklin Mutual European Fund Class Z	Mutual Fund	N/A	167,304
	Franklin Templeton Global Bond Adv	Mutual Fund	N/A	188,789
	Horizon Active Asset Allocation Fund	Mutual Fund	N/A	358,158
	Horizon Active Income Inst	Mutual Fund	N/A	185,639
	Invesco Gold and Precious Metals Fund Y	Mutual Fund	N/A	22,899
	Ivy Global Income Allocation Fund N	Mutual Fund	N/A	65,185
	JPMorgan Mid Cap Value L Fund	Mutual Fund	N/A	159,575
	JPMorgan Small Cap Value Fund R6	Mutual Fund	N/A	125,052
	Neuberger Mid Cap Growth Inst Fund	Mutual Fund	N/A	56,627

**Application for Extension of Time
To File Certain Employee Plan Returns**

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only**Part I Identification**

A Name of filer, plan administrator, or plan sponsor (see instructions) HY-KO PRODUCTS COMPANY Number, street, and room or suite no. (If a P.O. box, see instructions) 60 MEADOW LANE City or town, state, and ZIP code NORTHFIELD, OH 44067	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 34-0700745 Social security number (SSN) (9 digits XXX-XX-XXXX)														
C Plan name HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST	<table border="1"><thead><tr><th colspan="3">Plan number</th><th colspan="3">Plan year ending—</th></tr><tr><th></th><th>MM</th><th>DD</th><th>YYYY</th></tr></thead><tbody><tr><td>0 0 2</td><td>12</td><td>31</td><td>2017</td></tr></tbody></table>	Plan number			Plan year ending—				MM	DD	YYYY	0 0 2	12	31	2017
Plan number			Plan year ending—												
	MM	DD	YYYY												
0 0 2	12	31	2017												

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2 I request an extension of time until **10 / 15 / 2018** to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until **10 / 15 / 2018** to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until ____ / ____ / ____ to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax ►

a	
---	--
- b Enter the payment amount attached ►

b	
---	--
- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ►

c	
---	--
- 5 **State in detail why you need the extension:**

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Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2017

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Plan Participants
Hy-Ko Products Company Savings Plan and Trust
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hy-Ko Products Company Savings Plan and Trust, which comprise the Statement of Net Assets Available for Benefits as of December 31, 2017, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2017 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Nationwide Trust Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2017, and for the year ended December 31, 2017, that the information provided to the plan administrator by the custodian 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.

Other Matter – Supplemental Information

The Schedule of Assets Held for Investment Purposes at End of Year as of and for the year ended December 31, 2017 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

Other Matter – 2016 Financial Statements

The financial statements of the Plan as of December 31, 2016 were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Custodian. Their report, dated August 29, 2017, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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 blue ink that reads "Meaden & Moore, Ltd." in a cursive script.

Meaden & Moore, Ltd.
Cleveland, Ohio

October 12, 2018

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Hy-Ko Products Company Savings Plan and Trust

	December 31	
	<u>2017</u>	<u>2016</u>
ASSETS		
Receivable - Employer contributions	\$ 6,251	\$ -
Receivable - Employee contributions	-	12,062
Notes receivable from participants	<u>171,852</u>	<u>146,660</u>
Total Receivables	178,103	158,722
Investments (at Fair Value):		
Interest bearing cash	-	14,234
Mutual Funds	6,600,891	5,277,182
Guaranteed Investment Contracts	<u>172,613</u>	<u>350,349</u>
Total Investments at Fair Value	6,773,504	5,641,765
LIABILITIES	<u>-</u>	<u>7,034</u>
Net Assets Available for Benefits	<u>\$ 6,951,607</u>	<u>\$ 5,793,453</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Hy-Ko Products Company Savings Plan and Trust

	Year Ended December 31	
	<u>2017</u>	<u>2016</u>
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 153,008	\$ -
Employee	450,144	340,791
Rollover	<u>122,214</u>	<u>-</u>
	725,366	340,791
Investment Income		
Interest and dividend income	339,187	205,169
Net unrealized/realized appreciation	<u>500,522</u>	<u>261,708</u>
Total Investment Income	839,709	466,877
Interest income on notes receivable from participants	7,181	6,213
Deductions from Net Assets Attributed to:		
Benefits paid to participants	333,933	1,202,889
Deemed Distributions	11,466	43,014
Administrative expenses	<u>68,703</u>	<u>74,671</u>
Total Deductions	<u>414,102</u>	<u>1,320,574</u>
Net Increase (Decrease)	1,158,154	(506,693)
Net Assets Available for Benefits:		
Beginning of Year	<u>5,793,453</u>	<u>6,300,146</u>
End of Year	<u><u>\$ 6,951,607</u></u>	<u><u>\$ 5,793,453</u></u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

1 Description of Plan

The following description of Hy-Ko Products Company Savings and Trust Plan provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began November 1, 1984, is a defined contribution plan covering substantially all employees of Hy-Ko Products Company (the "Sponsor") who meet the hour and age requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Sponsor and the trustees of the Plan have entered into supplemental participation agreements with three companies that are considered related parties to the Plan because of common ownership, Aurora Retail Group New Jersey, LLC, Hy-Ko Services, LLC, and Budget Wire and Display. The agreements allow the three companies to adopt the Plan as participating employers (collectively, with the Sponsor, the "Company").

Eligibility:

All employees of the Company age twenty-one and older and who are employed for sixty days are eligible to participate in the Plan. Eligible employees may enter the Plan the first day of a plan year or the first day of the seventh month of a plan year following fulfillment of the eligibility requirements.

Effective July 1, 2018, eligibility for all purposes has been changed from sixty days of service, to 30 with no age requirement. An eligible employee shall become a participant effective as of the first day of the month (or if sooner, the first day of the Plan Year) coinciding with or next following the date on which such employee met the eligibility requirements.

To be eligible for employer discretionary contributions, employees must be twenty-one and older and be employed by the Company for one year.

Contributions:

Employee Contributions – Each year, participants may contribute up to 100% of pretax annual compensation, as defined by the Plan. Participants may also elect to make after-tax Roth contributions. Participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions.

Employer Contributions - Effective January 1, 2017, a matching contribution equal to 50% of each such participant's elective deferrals will be made by the Company. However, in applying the matching percentage specified, only elective deferrals up to 6% of compensation shall be considered.

Employer Discretionary Contributions - The Company may elect to make a discretionary profit sharing contribution on behalf of each of three groups of employees defined in the Plan. The discretionary contribution to each group will be allocated or divided among eligible participants in each group by the compensation received by each participant during the plan year. Additional amounts may also be contributed at the discretion of the Company. The Company made no profit sharing contributions in 2017 or 2016.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

1 Description of Plan, Continued

Contributions, Continued:

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code as defined in the Plan agreement.

Participants' Accounts:

Each participant's account is credited with the participant's elective contributions, employer matching contributions, employer discretionary contributions, and earnings and losses thereon, including an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their accounts into various investment options offered by the Plan.

Vesting:

All participants are immediately 100% vested in their elective deferrals plus actual earnings thereon. In the event of termination of employment for reasons other than retirement, death, or disability, a participant shall have a vested right in the Company's contributions based on the participant's years of service with the Company.

A participant is vested as follows:

Years of Service	Vested %
2	20%
3	40%
4	60%
5	80%
6	100%

Forfeitures:

Forfeited non-vested accounts are used to reinstate previously forfeited account balances of former participants, to pay administrative expenses or to reduce future employer discretionary contributions. Forfeitures for the years ended December 31, 2017 and 2016 were \$1,174 and \$637, respectively.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

1 Description of Plan, Continued

Notes Receivable from Participants:

Loans are permitted under certain circumstances and are subject to limitations. Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Participants may only have one loan outstanding from the Plan at one time. Repayments must be amortized in level payments, not less frequently than quarterly, over a period not extending beyond five years from the date of the loan. A loan is not subject to the five-year repayment requirement if it is used for the purchase of a primary residence. Loans are valued at unpaid principal plus accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2017 and 2016. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator.

Other Plan Provisions:

Normal retirement age is 65, however, a participant may elect early retirement on or after age 55. The Plan also provides for early payment of benefits after reaching age 59-1/2.

Payment of Benefits:

The vested portion of a participant's account becomes payable upon death, disability, normal retirement age or termination of service for any other reason. Participants may choose to receive account balances in a lump sum, or in equal monthly, quarterly, semi-annual or annual installments not to exceed the participant's life expectancy. In-service distributions of vested balances may be made to a participant who has not separated from service provided the participant has attained age 53. Involuntary distributions of amounts less than \$5,000 are permitted under the Plan, but such distributions greater than \$1,000 must be directly rolled over to an individual retirement account set up by the plan administrator for the benefit of the participant.

Hardship Withdrawals:

In-service hardship withdrawals are permitted, in accordance with Internal Revenue Service guidelines, upon proof, to the satisfaction of the plan administrator, of an immediate and heavy financial need.

Investment Options:

Upon enrollment in the Plan, a participant may direct any contributions to any of the investment options offered by the Plan.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Valuation of Investments:

Investments are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker. The fair value of the guaranteed investment contract is calculated based on contract value and any adjustments.

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

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Administrative Fees:

Substantially all administrative fees are paid by the Company

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% percent vested in their accounts.

Risks and Uncertainties:

The Plan's investments include investments in mutual funds and group annuity contracts with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for Plan benefits.

Reclassifications:

Certain prior year amounts have been reclassified to conform with the current year's presentation.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

2 Summary of Significant Accounting Policies, Continued

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through October 12, 2018, which is the date the financial statements were available to be issued.

3 Tax Status

On March 31, 2014, the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended; however, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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 uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2017, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

4 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- * Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- * Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - * 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.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

4 Fair Value Measurements, Continued

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

* Level 3: Inputs that are unobservable inputs for the asset or liability.

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

Mutual Funds:

The fair value of the mutual funds are based on quoted market prices. They are valued at the closing price reported on the active market on which the individual securities are traded. As such, mutual funds are classified as Level 1.

Group Annuity Contracts:

The fair value of the group annuity contract is equal to contract value less any contingent deferred sales charge, if applicable, and market value adjustment, therefore, classified as Level 3.

The group annuity contract is a fixed return product with quarterly interest rate guarantees. Deposits are guaranteed in both principal and interest by Nationwide Life Insurance Company. Amounts are held in Nationwide Life Insurance Company's general account and are credited on a net daily basis at annual effective rates.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 6,600,891	\$ -	\$ -	\$ 6,600,891
Group Annuity Contracts	-	-	172,613	172,613
Investments at fair value	<u>\$ 6,600,891</u>	<u>\$ -</u>	<u>\$ 172,613</u>	<u>\$ 6,773,504</u>

Assets at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 5,291,416	\$ -	\$ -	\$ 5,291,416
Group Annuity Contracts	-	-	350,349	350,349
Investments at fair value	<u>\$ 5,291,416</u>	<u>\$ -</u>	<u>\$ 350,349</u>	<u>\$ 5,641,765</u>

For the years ended December 31, 2017 and 2016, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

4 Fair Value Measurements, Continued

Changes in Fair Value of Level 3 Assets and Related Gains and Losses:

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2017 and 2016.

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)	
	Group Annuity Contract	
	2017	2016
Balance, Beginning of year	\$ 350,349	\$ 494,551
Realized gains/(losses)	-	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	2,921	1,199
Purchases	31,834	68,844
Sales	(212,491)	(214,245)
Transfers in and/or out of Level 3	-	-
Balance, end of year	<u>\$ 172,613</u>	<u>\$ 350,349</u>
The amount of total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	<u>\$ 2,921</u>	<u>\$ 1,199</u>

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements:

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2017.

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>	<u>Weighted Average</u>
Nationwide Best of America Fixed Income	43,002	Discounted Cash Flow	Installment Cashout	3.06%	4.12%
Nationwide Fixed Select	129,611	Discounted Cash Flow	Installment Cashout	1.99%	3.00%

NOTES TO FINANCIAL STATEMENTS

Hy-Ko Products Company Savings Plan and Trust

4 Fair Value Measurements, Continued

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurement, Continues:

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2016.

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>	<u>Weighted Average</u>
Nationwide Best of America Fixed Income	244,286	Discounted Cash Flow	Installment Cashout	1.07%	4.57%
Nationwide Fixed Select	106,063	Discounted Cash Flow	Installment Cashout	3.09%	2.09%

5 Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Custodian.

	<u>2017</u>	<u>2016</u>
Investments, at Fair Value	\$ 6,773,504	\$ 5,641,765
Notes Receivable from Participants	\$ 171,852	\$ 146,660
Interest and Dividends	\$ 339,187	\$ 205,169
Interest Income from Notes Receivable	\$ 7,181	\$ 6,213
Net Appreciation	\$ 496,237	\$ 261,708

6 Party-in-Interest Transactions

Certain Plan investments are shares of a group annuity contract managed by Nationwide Financial Services, Inc., the Custodian as defined by the Plan, and therefore, these transactions qualify as party-in interest. Usual and customary fees were paid by the group annuity contract for the investment management services.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Hy-Ko Products Company Savings Plan and Trust

EIN 34-0700745
Plan Number 002

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	AB High Income Fund I	Mutual Fund	N/A	\$ 45,223
	American Century Equity Income Inst	Mutual Fund	N/A	340,633
	American Funds American Mutual Fund R6	Mutual Fund	N/A	16,907
	American Funds Capital Income Builder Fund F	Mutual Fund	N/A	246,689
	American Funds Income Fund of America R6	Mutual Fund	N/A	553,371
	American Funds New World Fund R6	Mutual Fund	N/A	130,502
	American Funds Washington Mutual R6	Mutual Fund	N/A	715,017
	Ave Maria Bond Fund	Mutual Fund	N/A	12,991
	Calvert Equity Fund I	Mutual Fund	N/A	12,407
	Calvert Small Cap Fund I	Mutual Fund	N/A	3,530
	Cohen & Steers Preferred Securities and Income	Mutual Fund	N/A	45,439
	Emerald Growth Inst	Mutual Fund	N/A	147,609
	Federated Government Obligations Premier Fun	Mutual Fund	N/A	4,045
	Federated Strategic Income Inst	Mutual Fund	N/A	3,448
	Federated Strategic Value Dividend Inst	Mutual Fund	N/A	94,545
	Fidelity Advisor New Insights Fund I	Mutual Fund	N/A	181,598
	Franklin Income Adv	Mutual Fund	N/A	109,858
	Franklin Small Cap Growth Adv	Mutual Fund	N/A	20,226
	Franklin Mutual European Fund Class Z	Mutual Fund	N/A	167,304
	Franklin Templeton Global Bond Adv	Mutual Fund	N/A	188,789
	Horizon Active Asset Allocation Fund	Mutual Fund	N/A	358,158
	Horizon Active Income Inst	Mutual Fund	N/A	185,639
	Invesco Gold and Precious Metals Fund Y	Mutual Fund	N/A	22,899
	Ivy Global Income Allocation Fund N	Mutual Fund	N/A	65,185
	JPMorgan Mid Cap Value L Fund	Mutual Fund	N/A	159,575
	JPMorgan Small Cap Value Fund R6	Mutual Fund	N/A	125,052
	Neuberger Mid Cap Growth Inst Fund	Mutual Fund	N/A	56,627

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Oppenheimer International Growth Y Fund	Mutual Fund	N/A	204,909
	Oppenheimer Senior Floating Rate Fund	Mutual Fund	N/A	213,984
	Oppenheimer SteelPath MLP Select 40 Fund Y	Mutual Fund	N/A	43,139
	Pimco All Asset All Authority Institutional Fund	Mutual Fund	N/A	92,168
	Pimco Income Inst Fund	Mutual Fund	N/A	290,601
	Parnassus Core Equity Fund	Mutual Fund	N/A	13,498
	Pax Global Environmental Markets Inst	Mutual Fund	N/A	3,582
	Pioneer Bond Fund	Mutual Fund	N/A	283,522
	T. Rowe Price New Horizons Fund	Mutual Fund	N/A	225,467
	Victory Incore Fund for Income I	Mutual Fund	N/A	171,861
	Vanguard 500 Index Fund Admiral Shares	Mutual Fund	N/A	541,185
	Vanguard Dividend Appreciation Index Fund In	Mutual Fund	N/A	119,191
	Vanguard Extended Market Index Adm	Mutual Fund	N/A	39,872
	Vanguard Long-Term Investment Grade Fund	Mutual Fund	N/A	436
	Vanguard Small Cap Value Index Fund Inv	Mutual Fund	N/A	66,304
	Vanguard Total Bond Market Idx Adm	Mutual Fund	N/A	3,179
	Vanguard Total International Stock Index Adml	Mutual Fund	N/A	225
	Vanguard Total Stock Market Index Fund AS	Mutual Fund	N/A	29,792
	Wells Fargo Discovery Inst Fund	Mutual Fund	N/A	20,793
	Wells Fargo Premier Large Co Gr Inst	Mutual Fund	N/A	47,420
	Wells Fargo Special Mid Cap Value Inst	Mutual Fund	N/A	176,497
*	Nationwide Best of America Fixed Contract	Group Annuity Contract	N/A	43,002
*	Nationwide Fixed Select Contract	Group Annuity Contract	N/A	129,611
		Subtotal Investments		6,773,504
*	Participant loans	(interest at 4.25% to 5.25%)	N/A	171,852
				<u>\$ 6,945,356</u>
*	Party-in-interest to the Plan.			