

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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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 ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>DURR, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1977</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1977</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1977</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>DURR, INC.</u> <u>26801 NORTHWESTERN HIGHWAY</u> <u>SOUTHFIELD, MI 48033</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-3040061</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>248-450-2000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-3040061</u>	2c Plan Sponsor's telephone number <u>248-450-2000</u>	2d Business code (see instructions) <u>333200</u>	
2b Employer Identification Number (EIN) <u>38-3040061</u>					
2c Plan Sponsor's telephone number <u>248-450-2000</u>					
2d Business code (see instructions) <u>333200</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.	10/08/2018	MATEUSZ NOWAKOWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 630
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) 385
a(2) Total number of active participants at the end of the plan year	6a(2) 360
b Retired or separated participants receiving benefits	6b 6
c Other retired or separated participants entitled to future benefits	6c 180
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 546
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 2
f Total. Add lines 6d and 6e	6f 548
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 516
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2R 2S 2T 3D 2E 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4B	
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)** ☒ 1 **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 DURR, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DURR, INC.	D Employer Identification Number (EIN) 38-3040061

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 MONUMENTAL LIFE INS CO
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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
42-1445545	66281	D50484	4	01/01/2017	12/31/2017

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	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)	0
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	1335
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. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 DURR, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DURR, INC.	D Employer Identification Number (EIN) 38-3040061	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(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)

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	13291	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	-45647	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
WINTERGREEN FUND 333 ROUTE 46 WEST SUITE 204 MOUNTAIN LAKES, NJ 07046	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
WELLS FARGO SPECIAL MID CAP CL A 525 MARKET ST SAN FRANCISCO, CA 94105	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
WORLD PRECIOUS MINERALS FUND 3 CANAL PLAZA SUITE 600 PORTLAND, ME 04101	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
USAA PRECIOUS METALS& MINERALS ADVI 9800 FREDERICKSBURG RD. SAN ANTONIO, TX 78288		0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THOMPSON BOND FUND 918 DEMING WAY 3RD FLOOR MADISON, WI 53717		0.25%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE PENNSYLVANIA MUTUAL INVST CLA 745 FIFTH AVENUE SUITE 2400 NEW YORK, NY 10151		0.15%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE BLUE CHIP GROWTH INC 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117		0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MOTLEY FOOL INDEPENDENCE FD 2000 DUKE STREET SUITE 175 ALEXANDRIA, VA 22314		0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ULTRA SHORT NASDAQ 100 PROFUND INVE 7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA, MD 20814		0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO INCOME FUND CL D 1633 BROADWAY NEW YORK, NY 10019	0.38%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO INVESTMENT GRADE CORP BOND CL 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PARNASSUS CORE EQUITY INVESTOR ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO, CA 94105	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO LOW DURATION CLASS D 1633 BROADWAY NEW YORK, NY 10019	0.38%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN NEW WORLD CLASS F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CATALYST SMALL CAP INSIDER BUYING C 80 ARKAY SUITE 110 HAUPPAUGE, NY 11788	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS CHINA DIV FUND INVESTOR CL 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MUHLENKAMP FUND 5000 STONEWOOD DR. WEXFORD, PA 15090	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON GL LIFE SCIENCES T 151 DETROIT ST. DENVER, CO 80206	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS HENDERSON TRITON T 151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN INTERNATL GROWTH & INCOME 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK INTL INVESTOR CL 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK FUND INVESTOR CLASS 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIRST EAGLE GLOBAL CLASS I 1345 AVENUE OF THE AMERICAS 48TH FL NEW YORK, NY 10105	0.15%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CONESTOGA SMALL CAP INVESTOR CLASS 225 PICTORIA DRIVE SUITE 450 CINCINNATI, OH 45246	\$12.00	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN INTL VALUE FUND INV CL 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202		0.39%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CAMBIAR AGGRESSIVE VALUE INVESTOR 1 FREEDOM VALLEY DRIVE OAKS, PA 19456		0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO DIVERSIFIED DIVIDEND CLASS 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046		0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ABF LG CAP VAL INST - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.04%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GS HIGH YIELD INST - GOLDMAN, SACH 13-5108880	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H ENTERPRISE I - JANUS SERVICES 43-1804048	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS SM CP GRTH IS - DST ASSET M	P.O. BOX 8406 BOSTON, MA 02266	0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PNC INTL EQUITY I - THE BANK OF NE	ONE WALL STREET NEW YORK, NY 02109	0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP BLUE CHIP GRTH - T. ROWE PRICE		0.15%
52-2269240		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP DIV GROWTH - T. ROWE PRICE SER 52-2269240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP SMALL-CAP VALUE - T. ROWE PRIC 52-2269240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WF SPL MID CP VAL IS - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.15%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>DURR, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DURR, INC.</u>	D Employer Identification Number (EIN) <u>38-3040061</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6316234	4764322
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	757344	607655
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	70285792	76469445
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	54418	53545

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	77413788	81894967

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	77413788	81894967
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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 Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1002155	
(B) Participants	2a(1)(B)	3392046	
(C) Others (including rollovers)	2a(1)(C)	125639	
(2) Noncash contributions	2a(2)	0	4519840
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	24626	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	27108	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		51734
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3543377	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3543377
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		10504850
c Other income	2c		-872
d Total income. Add all income amounts in column (b) and enter total.....	2d		18618929

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4579004	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4579004
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	13291	
(4) Other	2i(4)	-46049	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		-32758
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4546246

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14072683
l Transfers of assets:			
(1) To this plan.....	2l(1)		240
(2) From this plan	2l(2)		9591744

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: PLANTE AND MORAN, PLLC

(2) EIN: 38-1357951

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)
ECOCLEAN, INC. 401K PLAN	38-3451949	503

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>DURR, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DURR, INC.</u>	D Employer Identification Number (EIN) <u>38-3040061</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
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
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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.
----------------	---

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

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

Schedule R (Form 5500) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dürr, Inc. 401(k) Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 38-3040061, Plan No. 001
December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds:			
Fidelity Management Trust Company	Fidelity Investment Grade Bond	*	\$ 1,751,276
	Fidelity 500 Index Premium	*	5,283,129
	Fidelity Contrafund Fund	*	13,281,140
	Fidelity Freedom Income Fund K	*	249,406
	Fidelity Lower Priced Stock Fund	*	2,053,030
	Fidelity Diversified International Fund	*	3,917,977
	Fidelity Balanced Fund	*	2,835,565
	Fidelity Freedom 2005 Fund K	*	41
	Fidelity Freedom 2010 Fund K	*	162,571
	Fidelity Freedom 2015 Fund K	*	473,228
	Fidelity Freedom 2020 Fund K	*	3,536,601
	Fidelity Freedom 2025 Fund K	*	2,210,476
	Fidelity Freedom 2030 Fund K	*	3,689,031
	Fidelity Freedom 2035 Fund K	*	1,787,294
	Fidelity Freedom 2040 Fund K	*	1,441,332
	Fidelity Freedom 2045 Fund K	*	489,299
	Fidelity Freedom 2050 Fund K	*	1,065,865
	Fidelity Retirement Government Market Portfolio	*	4,272,283
	Fidelity International Small - Cap	*	1,344,694
	ABF Large Cap Value Fund	*	1,793,872
	Loomis Small Cap Growth Institutional	*	814,484
	T. Rowe Price Blue Chip Growth Fund	*	7,477,379
	T. Rowe Price Dividend Growth Fund	*	4,221,918
	T. Rowe Price Small-Cap Value	*	645,637
	Wells Fargo Advantage Special Mid Cap Value	*	1,416,050
	Invesco Developing Markets R5	*	670,490
	PIMCO Total Return Institutional	*	3,320,593
	Goldman Sachs High Yield Institutional	*	709,493
	Fidelity Freedom 2055 Fund K	*	530,166
	Victory Sycamore Small Company Opportunity Fund	*	489,561
	Fidelity Freedom 2060 Fund K	*	99,516
	PNC International Equity I	*	631,541
	Janus Enterprise I	*	3,898,774
Life insurance policies:			
Monumental Life Insurance Company	Life Insurance Contracts	*	3,113
	Life Insurance Contracts	*	7,812
	Life Insurance Contracts	*	15,397
	Life Insurance Contracts	*	27,223
Fidelity Management Trust Company	Self-directed brokerage account investments (see attached detail)	*	4,670,055
Participants	Participant notes receivable - Bearing interest at rates ranging from 4.25 to 10.5 percent	*	607,655
Total			\$ 81,894,967

* Cost information not required

03/10/2018

Plan: 78122

Durr, Inc. 401(k) Plan
SUMMARY OF NET TRUST ASSETS

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TOTAL PLAN ASSETS AS OF 12/31/2017

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
	CASH				
316067107	FIDELITY CASH RESERVES	492,038.310	\$1.00	\$492,038.31	\$492,038.31
	EXTERNAL FUND				
001413541	AIM DIVERSIFIED DIVIDEND CLASS A	511.758	\$20.36	\$10,419.39	\$10,186.89
0075W0650	CAMBIAR AGGRESSIVE VALUE - INVESTOR	360.921	\$19.84	\$7,160.67	\$5,973.93
04314H881	ARTISAN INTL VALUE FUND	1,690.286	\$38.62	\$65,278.85	\$49,947.58
207019100	CONESTOGA SMALL CAP	500.074	\$48.95	\$24,478.62	\$12,402.20
32008F606	FIRST EAGLE SOGEN GLOBAL CLASS I	87.549	\$59.31	\$5,192.53	\$5,273.23
413838103	OAKMARK FUND	1,044.203	\$84.33	\$88,057.64	\$50,480.22
413838202	OAKMARK INTERNAT'L	642.653	\$28.57	\$18,360.60	\$14,708.98
459567402	AMERICAN INTERNATL GROWTH & INCOME F1	1,510.643	\$35.01	\$52,887.61	\$51,363.94
471023549	JANUS TRITON FUND	395.313	\$28.51	\$11,270.37	\$8,676.70
471023671	JANUS GLOBAL LIFE SCIENCES	23.643	\$54.63	\$1,291.62	\$1,243.94
56166Y438	MUHLKAMP FUND	902.467	\$55.21	\$49,825.20	\$55,496.80
577125305	MATTHEWS CHINA DIV FUND INVESTOR CLASS	1,970.169	\$17.61	\$34,694.68	\$33,362.54
62827L203	CATALYST VALUE FUND CLASS C	183.261	\$14.64	\$2,682.94	\$2,830.91
649280401	AMERICAN NEW WORLD CLASS F	805.877	\$66.46	\$53,558.59	\$52,008.70
693391732	PIMCO LOW DURATION CLASS D	7.052	\$9.86	\$69.53	\$73.06
701769101	PARNASSUS EQUITY INCOME PORTFOLIO	635.461	\$42.67	\$27,115.12	\$25,116.01
722008505	PIMCO INVESTMENT GRADE CORP BOND CL D	4,505.601	\$10.54	\$47,489.03	\$47,476.89
72201F458	PIMCO INCOME FD CL D	13,406.455	\$12.41	\$166,374.11	\$163,691.89
743185845	ULTRASHORT OTC PRO FUND INVESTOR SHS	2,693.689	\$22.17	\$59,719.09	\$187,599.49
74925K235	MOTLEY FOOL INDEPENDENCE FD	1,555.525	\$22.72	\$35,341.53	\$26,055.30
77954Q106	T ROWE PRICE BLUE CHIP GROWTH INC	44.383	\$96.31	\$4,274.53	\$3,192.94
780905840	ROYCE PENNSYLVANIA MUTUAL INVST CLASS	5,996.760	\$10.52	\$63,085.92	\$67,237.31
884891201	THOMPSON PLUMB BOND FUND	618.146	\$11.39	\$7,040.68	\$6,910.49
903288355	USAA PRECIOUS METALS & MINERALS ADVISER	415.628	\$13.16	\$5,469.66	\$5,000.00
911476802	US WORLD GOLD	17,667.329	\$4.69	\$82,859.77	\$92,524.11
921908851	VANGUARD DIV APP INDEX INVT CL SH	1,347.213	\$40.79	\$54,952.82	\$48,584.41
921938106	VANGUARD/WELLESLEY INCOME	1,785.411	\$26.95	\$48,116.83	\$46,948.28
922038104	VANGUARD STRATEGIC EQUITY	1,458.752	\$33.97	\$49,553.81	\$49,253.08
949921308	WELLS FARGO ADV SPECIAL MID CAP CL A	66.795	\$37.41	\$2,498.80	\$1,614.17
97607W102	WINTERGREEN FUND	1,041.948	\$13.63	\$14,201.75	\$14,659.70
	FIDELITY FUND				
315910208	FIDELITY INT'L GROWTH & INCOME	296.471	\$45.66	\$13,536.87	\$10,377.29
316448877	FIDELITY EXPORT & MULTINATIONAL	1,773.278	\$22.21	\$39,384.50	\$38,449.48
315910562	FIDELITY INTL SMALL CAP OPP FUND	475.929	\$19.34	\$9,204.47	\$7,456.72
315910737	FIDELITY INTERN'TL SMALL CAP	584.451	\$29.90	\$17,475.08	\$13,418.09
315910752	FIDELITY NORDIC	428.584	\$53.29	\$22,839.24	\$20,281.01
315910778	FIDELITY CHINA REGION	1,201.593	\$35.98	\$43,233.32	\$36,120.23
315910836	FIDELITY NEW MARKETS INCOME	5,480.786	\$16.22	\$88,898.35	\$82,207.97
315910844	FIDELITY LATIN AMERICA	1,543.343	\$24.48	\$37,781.04	\$46,634.88
315910869	FIDELITY EMERGING MARKETS	1,902.764	\$32.75	\$62,315.52	\$53,610.76
315911701	SPARTAN US EQTY INDX FID ADVANTAGE CLASS	2,203.817	\$93.45	\$205,946.70	\$167,928.85
315911875	SPARTAN INTL INDEX FID ADVANTAGE CLASS	960.986	\$43.18	\$41,495.38	\$37,312.27
315912600	FIDELITY SMALL CAP RETIREMENT	908.514	\$29.91	\$27,173.65	\$24,064.70
31606X605	FIDELITY MID CAP ENHANCED INDEX FUND	6,718.581	\$15.65	\$105,145.79	\$105,978.47
316062108	FIDELITY CAPITAL & INCOME	293.752	\$10.30	\$3,025.65	\$2,637.74
316066109	FIDELITY CAPITAL APPRECIATION	841.152	\$35.20	\$29,608.55	\$24,955.26
316066406	FIDELITY TECHNOQUANT GROWTH	2,617.758	\$22.65	\$59,292.22	\$31,315.52
316128107	FIDELITY UTILITIES	1,068.674	\$26.13	\$27,924.45	\$21,083.65
316128701	FIDELITY STRUCTURED MID CAP VALUE	918.635	\$26.61	\$24,444.88	\$16,661.57
316138205	FIDELITY REAL ESTATE INVESTMENT	1,762.888	\$41.80	\$73,688.72	\$47,427.31
316146281	SPARTAN MID CAP INDEX FID ADVTG CL	4,967.080	\$20.98	\$104,209.34	\$101,949.81
316146372	SPARTAN US BOND INDX FIDELITY ADV CLASS	20,063.579	\$11.59	\$232,536.88	\$22,700.90
316172105	FIDELITY GOVERNMENT INCOME	1,398.987	\$10.21	\$14,283.66	\$14,633.72
31618H549	FIDELITY EMERGING MARKETS DISCOVERY FD	1,546.973	\$15.36	\$23,761.51	\$20,520.04
31618H606	FIDELITY GLOBAL COMMODITY STOCK FUND	883.624	\$13.18	\$11,646.16	\$10,155.05
316200302	FIDELITY NEW MILLENNIUM	744.825	\$39.79	\$29,636.59	\$27,380.14
316343300	FIDELITY EUROPE	1,005.764	\$42.33	\$42,573.99	\$32,700.88

03/10/2018

Plan: 78122

Durr, Inc. 401(k) Plan
SUMMARY OF NET TRUST ASSETS

Page: 2

TOTAL PLAN ASSETS AS OF 12/31/2017

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
316345305	FIDELITY LOW PRICED STOCK	357.115	\$54.52	\$19,469.91	\$15,636.09
316389105	FIDELITY OTC PORT	480.053	\$109.85	\$52,733.82	\$42,448.84
316389857	FIDELITY BLUE CHIP VALUE	379.625	\$19.60	\$7,440.65	\$5,936.34
316389865	FIDELITY REAL ESTATE INCOME	1,246.947	\$11.99	\$14,950.89	\$14,615.22
316389873	FIDELITY LEVERAGED COMPANY STOCK	5,013.392	\$33.46	\$167,748.10	\$144,883.88
316390301	FIDELITY SELECT HEALTH CARE	64.542	\$223.76	\$14,441.92	\$14,221.94
316390442	FIDELITY SELECT PHARMACEUTICAL	3,613.888	\$18.56	\$67,073.76	\$57,858.87
316390475	FIDELITY SELECT MEDICAL EQUIP&SYSTEM	5,500.430	\$43.88	\$241,358.87	\$244,372.71
316390483	FIDELITY SELECT BUS SVC& OUTSOURCING	2,779.825	\$54.48	\$151,444.87	\$116,154.42
316390491	FIDELITY SELECT NATURAL RESOURCES	3,010.262	\$30.10	\$90,608.89	\$87,206.58
316390509	FIDELITY SELECT UTILITIES GROWTH	709.283	\$79.77	\$56,579.50	\$46,596.63
316390558	FIDELITY SELECT CONSUMER INDUSTRIES	410.540	\$41.45	\$17,016.88	\$10,603.10
316390590	FIDELITY SELECT INDUSTRIAL MATERIALS	374.398	\$90.97	\$34,058.99	\$25,455.84
316390608	FIDELITY SELECT FINANCIAL SVCS	160.000	\$114.22	\$18,275.20	\$14,070.29
316390640	FIDELITY SELECT BANKING PORTFOLIO	609.082	\$35.37	\$21,543.23	\$15,665.22
316390681	FIDELITY SELECT MULTIMEDIA	264.247	\$79.49	\$21,004.99	\$21,265.58
316390731	FIDELITY SELECT RETAILING	505.056	\$133.17	\$67,258.31	\$54,319.26
316390772	FIDELITY SELECT BIOTECHNOLOGY	676.023	\$219.41	\$148,326.21	\$115,960.41
316390780	FIDELITY SELECT GOLD	1,620.284	\$20.77	\$33,653.30	\$33,474.28
316390806	FIDELITY SELECT DEFENSE & AEROSPACE	924.464	\$166.95	\$154,339.26	\$112,144.28
316390822	FIDELITY SELECT SOFTWARE & COMPUTER	611.502	\$165.70	\$101,325.88	\$74,211.98
316390848	FIDELITY SELECT FOOD & AGRICULTURE	1,076.067	\$92.50	\$99,536.20	\$103,447.55
316390871	FIDELITY SELECT COMPUTERS	387.455	\$88.87	\$34,433.13	\$30,816.00
315910307	FIDELITY CANADA	1,079.576	\$54.66	\$59,009.62	\$54,984.22
NET ASSETS :				\$4,670,055.49	

Dürr, Inc. 401(k) Plan

Financial Report
December 31, 2017

Dürr, Inc. 401(k) Plan

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Independent Auditor's Report

To the Plan Administrator
Dürr, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Dürr, Inc. 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017 and 2016 and the related statement of changes in net assets available for benefits for the 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 conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and participant notes receivable and executes related transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2017 and 2016 and for the year ended December 31, 2017 that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2017 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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.

To the Plan Administrator
Dürr, Inc. 401(k) Plan

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 Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moreau, PLLC

Southfield, Michigan
September 11, 2018

Dürr, Inc. 401(k) Plan**Statement of Net Assets Available for Benefits****December 31, 2017 and 2016**

	<u>2017</u>	<u>2016</u>
Assets		
Participant-directed investments at fair value:		
Mutual funds	\$ 76,563,712	\$ 72,624,784
Life insurance policies	53,545	54,418
Self-directed brokerage account investments	<u>4,670,055</u>	<u>3,977,242</u>
Total participant-directed investments at fair value	81,287,312	76,656,444
Participant notes receivable	<u>607,655</u>	<u>757,344</u>
Net Assets Available for Benefits	<u>\$ 81,894,967</u>	<u>\$ 77,413,788</u>

Dürr, Inc. 401(k) Plan**Statement of Changes in Net Assets Available for Benefits****Year Ended December 31, 2017****Additions to Net Assets**

Contributions:

Employee	\$ 3,392,046
Employer	1,002,155
Rollovers	<u>125,639</u>

Total contributions 4,519,840

Investment income:

Interest and dividends	3,568,005
Net realized and unrealized gains on investments	<u>10,503,976</u>

Total investment income 14,071,981

Interest from participant notes receivable 27,108

Total additions to net assets 18,618,929

Deductions from Net Assets

Benefits paid directly to participants or beneficiaries	4,579,004
Administrative expenses	<u>(32,758)</u>

Total deductions from net assets 4,546,246

Net Increase before Other Changes 14,072,683

Transfers Out (Note 3) (9,591,504)

Net Increase 4,481,179

Net Assets Available for Benefits

Beginning of year 77,413,788

End of year \$ 81,894,967

Note 1 - Plan Description

The following description of Dürr, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all full-time employees of Dürr Systems, Inc. (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

All employees become eligible to participate in the Plan when hired and upon attaining age 19. New employees are automatically enrolled as soon as administratively feasible. If no deferral election is made by the participant, the deferral defaults to 3 percent of eligible compensation and is increased 1 percent in each subsequent year until the deferral reaches 6 percent. Participants may elect to opt out of the automatic employee deferral.

Administration

The Company is the sponsor of the Plan. The compensation and benefits committee, as provided in the plan agreement, is the plan administrator and has responsibility for the administration of the Plan. Fidelity Management Trust Company (the "Trustee") functions as trustee and investment manager. Investment management fees and trustee fees are paid by the Plan in accordance with the plan agreement.

Contributions

Participants may defer up to 60 percent of eligible compensation subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

As of December 16, 2010, the Plan was amended to allow participants to make Roth 401(k) after-tax contributions to the Plan. The Plan will not accept rollovers of after-tax contributions.

Discretionary company matching contributions, if any, are determined annually based on a percentage of each participant's deferral contributions. Discretionary matching contributions are 50 percent of employee contributions up to 6 percent of eligible compensation.

The Company may make discretionary profit-sharing contributions to be determined annually by the Company. There were no discretionary profit-sharing contributions in 2017.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participants' compensation 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 may direct the investments of their account balances into various investment options offered by the Plan and may change their elections or transfer between investment options at any time.

Vesting

Participants are immediately vested in their contributions and rollovers plus actual earnings thereon. Participants are also immediately vested in discretionary company matching contributions and discretionary profit-sharing contributions plus actual earnings thereon.

Participant Notes Receivable

Participants may borrow from their accounts subject to certain maximum and minimum amounts, as prescribed in the Plan and in the Internal Revenue Code. Participant notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

Note 1 - Plan Description (Continued)

Benefit Payments

Upon termination of service due to death, disability, or retirement, participants may elect to receive a lump-sum distribution or to be paid in the form of an annuity. Upon termination of service for other reasons, a participant may receive a lump-sum amount equal to the vested value of his or her account.

The Plan allows participants to elect distributions under an installment plan.

Participants may request that all or a portion of their account be distributed in the case of severe financial hardship, as defined in the plan document. The Company must approve any such hardship withdrawals.

Termination

While 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 set forth in ERISA. In the event of plan termination, Fidelity Management Trust Company (the "Trustee") shall distribute all assets remaining in the Plan, after payment of any expenses properly chargeable against the Plan, to the participants in accordance with the value of the units credited to such participants as of the date of such termination.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by the Trustee; therefore, these transactions qualify as nonprohibited, party-in-interest transactions, as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation

The Plan measures the investments in mutual funds and investments held in self-directed brokerage accounts at fair value on a recurring basis. The fair value of these investments is based primarily on Level 1 inputs, as described in Note 6. The self-directed brokerage accounts consist solely of publicly traded mutual funds and a money market fund. Life insurance policies are stated at cash surrender value, as provided in the policies, which approximates fair value, and are based primarily on Level 2 inputs, as described in Note 6.

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

Participant Notes Receivable

Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

Benefit Payments

Benefits are recorded when paid.

Risks and Uncertainties

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

December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 11, 2018, which is the date the financial statements were available to be issued.

Note 3 - Transfers

During 2016, the plan sponsor, Dürr, Inc., spun off the Dürr Ecoclean division, creating a new company, Ecoclean, Inc. As a result, all participants employed by Ecoclean, Inc. and their applicable assets totaling approximately \$9,591,504 were transferred out of the Plan.

Note 4 - Unaudited Information

Fidelity Management Trust Company (the "Trustee") holds the Plan's investments and participant notes receivable and executes all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information provided by the Trustee.

Note 5 - Tax Status

The Plan, as adopted, is a volume submitter plan, which does not require an application for a determination letter from the Internal Revenue Service (IRS). The volume submitter plan has received a favorable notification letter from the IRS dated March 31, 2014. The Plan has not individually sought its own determination letter.

Note 6 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2017 and 2016.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Notes to Financial Statements

December 31, 2017 and 2016

Note 6 - Fair Value Measurements (Continued)

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2017			
	Investments (at Fair Value)	Level 1	Level 2
Mutual funds	\$ 76,563,712	\$ 76,563,712	\$ -
Life insurance policies	53,545	-	53,545
Self-directed brokerage accounts	4,670,055	4,670,055	-
Total investments at fair value	<u>\$ 81,287,312</u>	<u>\$ 81,233,767</u>	<u>\$ 53,545</u>

Assets Measured at Fair Value on a Recurring Basis at December 31, 2016			
	Investments (at Fair Value)	Level 1	Level 2
Mutual funds	\$ 72,624,784	\$ 72,624,784	\$ -
Life insurance policies	54,418	-	54,418
Self-directed brokerage accounts	3,977,242	3,977,242	-
Total investments at fair value	<u>\$ 76,656,444</u>	<u>\$ 76,602,026</u>	<u>\$ 54,418</u>

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the end of the reporting period. There were no transfers between levels in the hierarchy in 2017 and 2016.

Dürr, Inc. 401(k) Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 38-3040061, Plan No. 001

December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds:			
Fidelity Management Trust Company	Fidelity Investment Grade Bond	*	\$ 1,751,276
	Fidelity 500 Index Premium	*	5,283,129
	Fidelity Contrafund Fund	*	13,281,140
	Fidelity Freedom Income Fund K	*	249,406
	Fidelity Lower Priced Stock Fund	*	2,053,030
	Fidelity Diversified International Fund	*	3,917,977
	Fidelity Balanced Fund	*	2,835,565
	Fidelity Freedom 2005 Fund K	*	41
	Fidelity Freedom 2010 Fund K	*	162,571
	Fidelity Freedom 2015 Fund K	*	473,228
	Fidelity Freedom 2020 Fund K	*	3,536,601
	Fidelity Freedom 2025 Fund K	*	2,210,476
	Fidelity Freedom 2030 Fund K	*	3,689,031
	Fidelity Freedom 2035 Fund K	*	1,787,294
	Fidelity Freedom 2040 Fund K	*	1,441,332
	Fidelity Freedom 2045 Fund K	*	489,299
	Fidelity Freedom 2050 Fund K	*	1,065,865
	Fidelity Retirement Government Market Portfolio	*	4,272,283
	Fidelity International Small - Cap	*	1,344,694
	ABF Large Cap Value Fund	*	1,793,872
	Loomis Small Cap Growth Institutional	*	814,484
	T. Rowe Price Blue Chip Growth Fund	*	7,477,379
	T. Rowe Price Dividend Growth Fund	*	4,221,918
	T. Rowe Price Small-Cap Value	*	645,637
	Wells Fargo Advantage Special Mid Cap Value	*	1,416,050
	Invesco Developing Markets R5	*	670,490
	PIMCO Total Return Institutional	*	3,320,593
	Goldman Sachs High Yield Institutional	*	709,493
	Fidelity Freedom 2055 Fund K	*	530,166
	Victory Sycamore Small Company Opportunity Fund	*	489,561
	Fidelity Freedom 2060 Fund K	*	99,516
	PNC International Equity I	*	631,541
	Janus Enterprise I	*	3,898,774
Life insurance policies:			
Monumental Life Insurance Company	Life Insurance Contracts	*	3,113
	Life Insurance Contracts	*	7,812
	Life Insurance Contracts	*	15,397
	Life Insurance Contracts	*	27,223
Fidelity Management Trust Company	Self-directed brokerage account investments (see attached detail)	*	4,670,055
Participants	Participant notes receivable - Bearing interest at rates ranging from 4.25 to 10.5 percent	*	607,655
Total			\$ 81,894,967

* Cost information not required

03/10/2018

Plan: 78122

Durr, Inc. 401(k) Plan
SUMMARY OF NET TRUST ASSETS

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TOTAL PLAN ASSETS AS OF 12/31/2017

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
	CASH				
316067107	FIDELITY CASH RESERVES	492,038.310	\$1.00	\$492,038.31	\$492,038.31
	EXTERNAL FUND				
001413541	AIM DIVERSIFIED DIVIDEND CLASS A	511.758	\$20.36	\$10,419.39	\$10,186.89
0075W0650	CAMBIAR AGGRESSIVE VALUE - INVESTOR	360.921	\$19.84	\$7,160.67	\$5,973.93
04314H881	ARTISAN INTL VALUE FUND	1,690.286	\$38.62	\$65,278.85	\$49,947.58
207019100	CONESTOGA SMALL CAP	500.074	\$48.95	\$24,478.62	\$12,402.20
32008F606	FIRST EAGLE SOGEN GLOBAL CLASS I	87.549	\$59.31	\$5,192.53	\$5,273.23
413838103	OAKMARK FUND	1,044.203	\$84.33	\$88,057.64	\$50,480.22
413838202	OAKMARK INTERNAT'L	642.653	\$28.57	\$18,360.60	\$14,708.98
45956T402	AMERICAN INTERNATL GROWTH & INCOME F1	1,510.643	\$35.01	\$52,887.61	\$51,363.94
471023549	JANUS TRITON FUND	395.313	\$28.51	\$11,270.37	\$8,676.70
471023671	JANUS GLOBAL LIFE SCIENCES	23.643	\$54.63	\$1,291.62	\$1,243.94
56166Y438	MUHLINKAMP FUND	902.467	\$55.21	\$49,825.20	\$55,496.80
577125305	MATTHEWS CHINA DIV FUND INVESTOR CLASS	1,970.169	\$17.61	\$34,694.68	\$33,362.54
62827L203	CATALYST VALUE FUND CLASS C	183.261	\$14.64	\$2,682.94	\$2,830.91
649280401	AMERICAN NEW WORLD CLASS F	805.877	\$66.46	\$53,558.59	\$52,008.70
693391732	PIMCO LOW DURATION CLASS D	7.052	\$9.86	\$69.53	\$73.06
701769101	PARNASSUS EQUITY INCOME PORTFOLIO	635.461	\$42.67	\$27,115.12	\$25,116.01
722008505	PIMCO INVESTMENT GRADE CORP BOND CL D	4,505.601	\$10.54	\$47,489.03	\$47,476.89
72201F458	PIMCO INCOME FD CL D	13,406.455	\$12.41	\$166,374.11	\$163,691.89
743185845	ULTRASHORT OTC PRO FUND INVESTOR SHS	2,693.689	\$22.17	\$59,719.09	\$187,599.49
74925K235	MOTLEY FOOL INDEPENDENCE FD	1,555.525	\$22.72	\$35,341.53	\$26,055.30
77954Q106	T ROWE PRICE BLUE CHIP GROWTH INC	44.383	\$96.31	\$4,274.53	\$3,192.94
780905840	ROYCE PENNSYLVANIA MUTUAL INVST CLASS	5,996.760	\$10.52	\$63,085.92	\$67,237.31
884891201	THOMPSON PLUMB BOND FUND	618.146	\$11.39	\$7,040.68	\$6,910.49
903288355	USAA PRECIOUS METALS & MINERALS ADVISER	415.628	\$13.16	\$5,469.66	\$5,000.00
911476802	US WORLD GOLD	17,667.329	\$4.69	\$82,859.77	\$92,524.11
921908851	VANGAURD DIV APP INDEX INVT CL SH	1,347.213	\$40.79	\$54,952.82	\$48,584.41
921938106	VANGUARD/WELLESLEY INCOME	1,785.411	\$26.95	\$48,116.83	\$46,948.28
922038104	VANGUARD STRATEGIC EQUITY	1,458.752	\$33.97	\$49,553.81	\$49,253.08
949921308	WELLS FARGO ADV SPECIAL MID CAP CL A	66.795	\$37.41	\$2,498.80	\$1,614.17
97607W102	WINTERGREEN FUND	1,041.948	\$13.63	\$14,201.75	\$14,659.70
	FIDELITY FUND				
315910208	FIDELITY INT'L GROWTH & INCOME	296.471	\$45.66	\$13,536.87	\$10,377.29
316448877	FIDELITY EXPORT & MULTINATIONAL	1,773.278	\$22.21	\$39,384.50	\$38,449.48
315910562	FIDELITY INTL SMALL CAP OPP FUND	475.929	\$19.34	\$9,204.47	\$7,456.72
315910737	FIDELITY INTERN'TL SMALL CAP	584.451	\$29.90	\$17,475.08	\$13,418.09
315910752	FIDELITY NORDIC	428.584	\$53.29	\$22,839.24	\$20,281.01
315910778	FIDELITY CHINA REGION	1,201.593	\$35.98	\$43,233.32	\$36,120.23
315910836	FIDELITY NEW MARKETS INCOME	5,480.786	\$16.22	\$88,898.35	\$82,207.97
315910844	FIDELITY LATIN AMERICA	1,543.343	\$24.48	\$37,781.04	\$46,634.88
315910869	FIDELITY EMERGING MARKETS	1,902.764	\$32.75	\$62,315.52	\$53,610.76
315911701	SPARTAN US EQTY INDX FID ADVANTAGE CLASS	2,203.817	\$93.45	\$205,946.70	\$167,928.85
315911875	SPARTAN INTL INDEX FID ADVANTAGE CLASS	960.986	\$43.18	\$41,495.38	\$37,312.27
315912600	FIDELITY SMALL CAP RETIREMENT	908.514	\$29.91	\$27,173.65	\$24,064.70
31606X605	FIDELITY MID CAP ENHANCED INDEX FUND	6,718.581	\$15.65	\$105,145.79	\$105,978.47
316062108	FIDELITY CAPITAL & INCOME	293.752	\$10.30	\$3,025.65	\$2,637.74
316066109	FIDELITY CAPITAL APPRECIATION	841.152	\$35.20	\$29,608.55	\$24,955.26
316066406	FIDELITY TECHNOQUANT GROWTH	2,617.758	\$22.65	\$59,292.22	\$31,315.52
316128107	FIDELITY UTILITIES	1,068.674	\$26.13	\$27,924.45	\$21,083.65
316128701	FIDELITY STRUCTURED MID CAP VALUE	918.635	\$26.61	\$24,444.88	\$16,661.57
316138205	FIDELITY REAL ESTATE INVESTMENT	1,762.888	\$41.80	\$73,688.72	\$47,427.31
316146281	SPARTAN MID CAP INDEX FID ADVTG CL	4,967.080	\$20.98	\$104,209.34	\$101,949.81
316146372	SPARTAN US BOND INDX FIDELITY ADV CLASS	20,063.579	\$11.59	\$232,536.88	\$22,700.90
316172105	FIDELITY GOVERNMENT INCOME	1,398.987	\$10.21	\$14,283.66	\$14,633.72
31618H549	FIDELITY EMERGING MARKETS DISCOVERY FD	1,546.973	\$15.36	\$23,761.51	\$20,520.04
31618H606	FIDELITY GLOBAL COMMODITY STOCK FUND	883.624	\$13.18	\$11,646.16	\$10,155.05
316200302	FIDELITY NEW MILLENNIUM	744.825	\$39.79	\$29,636.59	\$27,380.14
316343300	FIDELITY EUROPE	1,005.764	\$42.33	\$42,573.99	\$32,700.88

03/10/2018

Plan: 78122

Durr, Inc. 401(k) Plan
SUMMARY OF NET TRUST ASSETS

Page: 2

TOTAL PLAN ASSETS AS OF 12/31/2017

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
316345305	FIDELITY LOW PRICED STOCK	357.115	\$54.52	\$19,469.91	\$15,636.09
316389105	FIDELITY OTC PORT	480.053	\$109.85	\$52,733.82	\$42,448.84
316389857	FIDELITY BLUE CHIP VALUE	379.625	\$19.60	\$7,440.65	\$5,936.34
316389865	FIDELITY REAL ESTATE INCOME	1,246.947	\$11.99	\$14,950.89	\$14,615.22
316389873	FIDELITY LEVERAGED COMPANY STOCK	5,013.392	\$33.46	\$167,748.10	\$144,883.88
316390301	FIDELITY SELECT HEALTH CARE	64.542	\$223.76	\$14,441.92	\$14,221.94
316390442	FIDELITY SELECT PHARMACEUTICAL	3,613.888	\$18.56	\$67,073.76	\$57,858.87
316390475	FIDELITY SELECT MEDICAL EQUIP&SYSTEM	5,500.430	\$43.88	\$241,358.87	\$244,372.71
316390483	FIDELITY SELECT BUS SVC& OUTSOURCING	2,779.825	\$54.48	\$151,444.87	\$116,154.42
316390491	FIDELITY SELECT NATURAL RESOURCES	3,010.262	\$30.10	\$90,608.89	\$87,206.58
316390509	FIDELITY SELECT UTILITIES GROWTH	709.283	\$79.77	\$56,579.50	\$46,596.63
316390558	FIDELITY SELECT CONSUMER INDUSTRIES	410.540	\$41.45	\$17,016.88	\$10,603.10
316390590	FIDELITY SELECT INDUSTRIAL MATERIALS	374.398	\$90.97	\$34,058.99	\$25,455.84
316390608	FIDELITY SELECT FINANCIAL SVCS	160.000	\$114.22	\$18,275.20	\$14,070.29
316390640	FIDELITY SELECT BANKING PORTFOLIO	609.082	\$35.37	\$21,543.23	\$15,665.22
316390681	FIDELITY SELECT MULTIMEDIA	264.247	\$79.49	\$21,004.99	\$21,265.58
316390731	FIDELITY SELECT RETAILING	505.056	\$133.17	\$67,258.31	\$54,319.26
316390772	FIDELITY SELECT BIOTECHNOLOGY	676.023	\$219.41	\$148,326.21	\$115,960.41
316390780	FIDELITY SELECT GOLD	1,620.284	\$20.77	\$33,653.30	\$33,474.28
316390806	FIDELITY SELECT DEFENSE & AEROSPACE	924.464	\$166.95	\$154,339.26	\$112,144.28
316390822	FIDELITY SELECT SOFTWARE & COMPUTER	611.502	\$165.70	\$101,325.88	\$74,211.98
316390848	FIDELITY SELECT FOOD & AGRICULTURE	1,076.067	\$92.50	\$99,536.20	\$103,447.55
316390871	FIDELITY SELECT COMPUTERS	387.455	\$88.87	\$34,433.13	\$30,816.00
315910307	FIDELITY CANADA	1,079.576	\$54.66	\$59,009.62	\$54,984.22

NET ASSETS : \$4,670,055.49