Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT INCOME AGREEMENT BETWEEN THE AVENTICS CORPORATION AND THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 651

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 07/01/1989

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)
AVENTICS CORPORATION

1953 MERCER ROAD
LEXINGTON, KY 40511-1021

2b Employer Identification Number (EIN)
46-1763108

2c Plan Sponsor's telephone number
708-865-5200

2d Business code (see instructions)
333200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	JOHN HOLZAPFEL
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	247
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)**	105
a(2) Total number of active participants at the end of the plan year	**6a(2)**	101
b Retired or separated participants receiving benefits	**6b**	98
c Other retired or separated participants entitled to future benefits	**6c**	45
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	244
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f Total. Add lines **6d** and **6e**.	**6f**	251
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3H

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	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)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[X]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
RETIREMENT INCOME AGREEMENT BETWEEN THE AVENTICS CORPORATION AND THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 651

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AVENTICS CORPORATION

D Employer Identification Number (EIN)
46-1763108

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	11340043
b Actuarial value	**2b**	11522599

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	97	5600898	5600898
b For terminated vested participants	45	697263	697263
c For active participants	105	4215396	4486967
d Total	247	10513557	10785128

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.94 %
6 Target normal cost	**6**	387309

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	Date: 08/30/2018
JOSEPH W. LITKA	17-06718
Type or print name of actuary	Most recent enrollment number
OCTOBER THREE CONSULTING LLC	312-878-2433
Firm name	Telephone number (including area code)
233 S WACKER DRIVE, SUITE 8350 CHICAGO, IL 60606	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	731040
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	92995
9	Amount remaining (line 7 minus line 8)	0	638045
10	Interest on line 9 using prior year's actual return of 7.96 %	0	50788
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.99%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	688833

Part III Funding Percentages

14	Funding target attainment percentage	14	100.45%
15	Adjusted funding target attainment percentage	15	106.83%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.62%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/10/2018	394681	0			
			Totals ► 18(b)	394681	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	359760

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	387309
b Excess assets, if applicable, but not greater than line 31a	**31b**	48638

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	338671

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	338671
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	359760

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	21089
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
RETIREMENT INCOME AGREEMENT BETWEEN THE AVENTICS CORPORATION AND THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 651

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
AVENTICS CORPORATION

D Employer Identification Number (EIN)
46-1763108

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

NORTHERN TRUST

36-1561860

(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?
21 28 50 51	NONE	76282	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
RETIREMENT INCOME AGREEMENT BETWEEN THE AVENTICS CORPORATION AND THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 651

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AVENTICS CORPORATION

D Employer Identification Number (EIN)
46-1763108

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	SMALL CAP FUND		
b Name of sponsor of entity listed in (a):	THE NORTHERN TRUST COMPANY OF CONNECTICUT		
c EIN-PN 06-6275604-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	250488
a Name of MTIA, CCT, PSA, or 103-12 IE:	ALL COUNTRY WORLD EX-US INV MKT-LEN		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-128	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	744201
a Name of MTIA, CCT, PSA, or 103-12 IE:	EMERGING MARKETS INDEX FUND-LENDING		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-040	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	559627
a Name of MTIA, CCT, PSA, or 103-12 IE:	EMERGING MARKETS FUND		
b Name of sponsor of entity listed in (a):	THE NORTHERN TRUST COMPANY OF CONNECTICUT		
c EIN-PN 06-6275604-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	777354
a Name of MTIA, CCT, PSA, or 103-12 IE:	INTERNATIONAL EQUITY FUND		
b Name of sponsor of entity listed in (a):	THE NORTHERN TRUST COMPANY OF CONNECTICUT		
c EIN-PN 06-6275604-014	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1117027
a Name of MTIA, CCT, PSA, or 103-12 IE:	SHORT TERM INVESTMENT FUND		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-084	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	165169
a Name of MTIA, CCT, PSA, or 103-12 IE:	AGGREGATE BOND INDEX FUND - LENDING		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-029	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1935538

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE INDEX FD-LENDING

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-082	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 309822

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND - LENDING

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1312069

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX FUND - LENDING

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 254685

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 400 INDEX FUND - LENDING

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-049	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 311543

a Name of MTIA, CCT, PSA, or 103-12 IE: 1-5 YEAR CREDIT BOND INDEX FD-NON-L

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-140	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 721030

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
RETIREMENT INCOME AGREEMENT BETWEEN THE AVENTICS CORPORATION AND THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 651

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
AVENTICS CORPORATION

D Employer Identification Number (EIN)
46-1763108

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	137000	394681
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6911	6894
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	7191478	8458553
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4013218	3778798
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11348607	12638926
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	3065	3570
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	3065	3570
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11345542	12635356

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	394681	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		394681
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	115386	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		115386
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1240550
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		257013
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2007630
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	566725	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		566725
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	76282	
(4) Other	2i(4)	74809	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		151091
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		717816
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1289814
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: BLUE & CO., LLC **(2)** EIN: 35-1178661

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:

		Yes	No	Amount
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.)	4a		X	
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.)	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		15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4044099. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
RETIREMENT INCOME AGREEMENT BETWEEN THE AVENTICS CORPORATION AND THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 651

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
AVENTICS CORPORATION

D Employer Identification Number (EIN)
46-1763108

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 36-3046063

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** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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): _____

---

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: 0.0% 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):

RETIREMENT INCOME AGREEMENT BETWEEN THE AVENTICS CORPORATION AND THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS, LOCAL 651

FINANCIAL STATEMENTS

DECEMBER 31, 2017 AND 2016

AND

SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2017

RETIREMENT INCOME AGREEMENT BETWEEN THE AVENTICS CORPORATION AND THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS, LOCAL 651

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* Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

CPAs / ADVISORS

blue

Blue & Co., LLC / 250 West Main Street, Suite 2900 / Lexington, KY 40507
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REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator
Retirement Income Agreement between the Aventics Corporation
and the International Brotherhood of Teamsters, Local 651
Lexington, Kentucky

We were engaged to audit the accompanying financial statements of Retirement Income Agreement between the Aventics Corporation and the International Brotherhood of Teamsters, Local 651 (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, 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, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Northern Trust Corporation, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan administrator by the trustee is complete and accurate.

Plan Administrator
Retirement Income Agreement between the Aventics Corporation
and the International Brotherhood of Teamsters, Local 651
Lexington, Kentucky

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 H, line 4i – Schedule of Assets (Held at End of Year) and Schedule H, line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2017 are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Blue & Co., LLC

Lexington, Kentucky
October 15, 2018

RETIREMENT INCOME AGREEMENT BETWEEN THE AVENTICS CORPORATION AND THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS, LOCAL 651

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

	2017	2016
Assets		
Investments at fair value	$ 12,237,351	$ 11,204,696
Receivables:		
Employer contributions	394,681	137,000
Interest and dividends	6,894	6,911
Total receivables	401,575	143,911
Total assets	12,638,926	11,348,607
Liabilities		
Accrued expenses	3,570	3,065
Net assets available for benefits	$ 12,635,356	$ 11,345,542

See accompanying notes to financial statements.

RETIREMENT INCOME AGREEMENT BETWEEN THE AVENTICS CORPORATION AND THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS, LOCAL 651

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

	2017	2016
Additions to net assets attributed to:		
Investment income:		
Dividends and interest	$ 117,139	$ 121,682
Net appreciation (depreciation) in fair value of investments	1,495,810	717,563
Total investment income (loss)	1,612,949	839,245
Contributions:		
Employer contributions	394,681	137,000
Total additions	2,007,630	976,245
Deductions from net assets attributed to:		
Benefits paid to participants	566,725	520,144
Administrative expenses	151,091	144,707
Total deductions	717,816	664,851
Net change	1,289,814	311,394
Net assets available for plan benefits:		
Beginning of year	11,345,542	11,034,148
End of year	$ 12,635,356	$ 11,345,542

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN

The following brief description of the Retirement Income Agreement between the Aventics Corporation and the International Brotherhood of Teamsters, Local 651 (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan sponsored by Aventics Corporation (the "Company" and "Employer") that covers all hourly employees of the Company who are covered by a collective bargaining agreement with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen, and Helpers of America, Local 651. Employees are eligible to participate on the first of the month following their date of hire.

Contributions

The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Plan has met the minimum funding requirements of ERISA.

Pension Benefits

Participants with five or more years of service are entitled to monthly benefits beginning at normal retirement age, which is 65. Benefits include a frozen benefit of $12.75 per month for years of service prior to July 1, 1989, plus a monthly amount between $18 and $35.50 for years of service after July 1, 1989 through March 19, 2012. Effective March 20, 2012, the maximum pension multiplier for years of service subsequent to July 1, 1989 was increased to $36, and effective March 20, 2013, it was increased to $36.50.

The Plan permits early retirement beginning at age 55 for participants with at least 10 years of service. The amount of pension benefit will be reduced ½ of 1% for each month by which the commencement of the pension precedes his or her 65th birthday, unless the participant is 62 years of age and has completed 35 years of service. In this instance, Plan benefits will be paid as outlined above.

Pursuant to the collective bargaining agreement, effective March 23, 2014 through March 25, 2017, between Aventics Corporation and the International Brotherhood of Teamsters Local 651, the Plan's benefit formula changed to a variable annuity calculation effective November 1, 2014. Eligible participants actively employed on November 1, 2014 who retire and commence benefit payments on or after March 24, 2017 are covered under the new variable annuity design.

Effective November 1, 2014, the benefit formula is the following:

1. The benefit will be determined using the current formula as of December 31st of the immediately preceding year;
2. The amount in item 1 will be adjusted by the Investment Return computed for the immediately preceding calendar year;
3. In the first year of benefit payments, the benefit obtained by multiplying item 1 and item 2 will be increased by $36.50 (pro-rated for the number of completed months of Service during your final year of employment); this amount will be carried forward as part of item 1 in future year calculations;
4. In all years after the first year of benefit payments, the benefit amount obtained by multiplying item 1 by item 2 will be further adjusted by the amount in the Benefit Adjustment Account from the prior calendar year.

If employees terminate for any reason except death, before rendering five years of service, they forfeit the right to receive their accumulated plan benefits.

Death Benefits

If a vested employee or former vested employee dies prior to commencement of his or her pension, the surviving spouse may be eligible to receive pension benefits. Benefits equal 50% of the pension benefits accrued by the employee at the time of death, reduced for applicable early retirement factors and joint and survivor option factors.

Active employees with at least 10 years of service who become totally and permanently disabled and qualify for a permanent disability pension under the Social Security Act shall be entitled to disability benefits. Benefits are paid based upon service to the date of disability resulting in retirement, but without deduction from early commencement of pensions.

The normal form of payment is a life annuity for unmarried participants, and 50%, 75%, and 100% joint and survivor annuity for married participants.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA and as described in the Plan document. Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on the priority of those benefits, the financial condition of the Company, and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

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 net assets available for benefits, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

For a description of the valuation methodologies used for investments measured at fair value see Note 4, Fair Value Measurements.

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

Risks and Uncertainties

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

Contributions

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

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

All administrative expenses are paid by the Plan.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (Note 5) are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Subsequent Events

The Plan has evaluated subsequent events through the date the financial statements were available to be issued, which was October 15, 2018.

3. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Northern Trust Corporation, the trustee of the Plan, has certified to the completeness and accuracy of all investments reflected in the accompanying statements of net assets available for benefits as of December 31, 2017 and 2016, and investment related activity reflected in the statement of changes in net assets available for benefits for the years ended December 31, 2017 and 2016.

4. FAIR VALUE MEASUREMENTS

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

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

- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

There were no transfers between hierarchy levels during 2017 and 2016. The Plan's policy is to recognize transfers, if any, between levels as of the actual date of the event or change in circumstance.

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

- *Common/collective trust funds*: Public investment securities valued using the net asset value (NAV) provided by the respective investment managers via audited financial statements of the funds. The NAV is quoted on a private market that is not active; however, the unit price is *based* on underlying investments which are traded on an active market. The investment strategies of the common/collective trusts vary based on investment objectives of the asset class of which they are part. Such strategies include investments in equity securities for long-term capital appreciation, investment portfolios that replicate fixed income market indices, and investments in international markets for growth and value objectives.

- *Registered investment companies*: Valued at the daily closing price as reported by the fund. Mutual and exchange-traded funds ("funds") are held by the Plan and are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 3,778,799	$ -0-	$ -0-	$ 3,778,799
Total assets in the fair value hierarchy	3,778,799	-0-	-0-	3,778,799
Common/collective trust funds[(a)]	-0-	-0-	-0-	8,458,552
Investments at fair value	$ 3,778,799	$ -0-	$ -0-	$12,237,351

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 4,013,218	$ -0-	$ -0-	$ 4,013,218
Total assets in the fair value hierarchy	4,013,218	-0-	-0-	4,013,218
Common/collective trust funds[(a)]	-0-	-0-	-0-	7,191,478
Investments at fair value	$ 4,013,218	$ -0-	$ -0-	$11,204,696

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or it's equivalent) have not been classified in the fair value hierarchy. The fair value amounts present in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented at fair value in the statement of net assets available for benefits.

Common collective trusts held by the Plan consists of the following as of December 31, 2017:

December 31, 2017	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective trust fund -				
MFB NT Collective Emerging Markets Index Fund - Lending	$ 559,627	None	Daily	None
NTCC Emerging Markets FD FEBT	777,354	None	Daily	None
NTCC International Equity FD FEBT	1,117,027	None	Daily	None
NT Collective All Country World EX-US	744,201	None	Daily	None
Collective Short Term Investment Fund	165,169	None	Daily	None
MFB NT Collective Global Real Estate Index Fund - Lending	309,822	None	Daily	None
MFB NT Collective Russell 1000 Index Fund - Lending	1,312,069	None	Daily	None
MFB NT Collective Russell 2000 Index Fund - Lending	254,685	None	Daily	None
MFB NT Collective S&P 400 Index Fund - Lending	311,543	None	Daily	None
MFB NTGI-QM Collective Daily 1-5 YR CR BD - Index Fund	721,030	None	Daily	None
NTCC Small Cap FD FEBT	250,487	None	Daily	None
MFB NT Collective Aggregate Bond Index Fund - Lending	1,935,538	None	Daily	None

Common/collective trusts held by the Plan consists of the following as of December 31, 2016:

December 31, 2016	Fair Value	Unfunded Commitments	Frequency (if currently eligible)	Redemption Notice Period
Collective trust fund -				
MFB NT Collective Emerging Markets Index Fund - Lending	$ 335,498	None	Daily	None
NTCC Emerging Markets FD FEBT	533,796	None	Daily	None
NTCC International Equity FD FEBT	820,637	None	Daily	None
NT Collective All Country World EX-US	610,629	None	Daily	None
Collective Short Term Investment Fund	54,390	None	Daily	None
MFB NT Collective Global Real Estate Index Fund - Lending	315,467	None	Daily	None
MFB NT Collective Russell 1000 Index Fund - Lending	1,273,041	None	Daily	None
MFB NT Collective Russell 2000 Index Fund - Lending	245,462	None	Daily	None
MFB NT Collective S&P 400 Index Fund - Lending	248,973	None	Daily	None
MFB NTGI-QM Collective Daily 1-5 YR CR BD - Index Fund	646,566	None	Daily	None
NTCC Small Cap FD FEBT	262,138	None	Daily	None
MFB NT Collective Aggregate Bond Index Fund - Lending	1,844,881	None	Daily	None

5. ACCUMULATED PLAN BENEFITS

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

The accumulated plan benefit information as of January 1, 2017 and 2016 was as follows:

	2017	2016
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants receiving payments	$ 5,333,127	$ 5,125,883
Other participants	5,050,312	5,321,111
Total vested benefits	10,383,439	10,446,994
Nonvested benefits	-0-	315,586
Total actuarial present value of accumulated plan benefits at January 1, 2017 and 2016	$ 10,383,439	$ 10,762,580

Changes to the actuarial present value of accumulated plan benefits for the years ended January 1, 2017 and 2016 were as follows:

	2017	2016
Actuarial present value of accumulated plan benefits at January 1, 2016 and 2015	$ 10,762,580	$ 10,315,247
Increase (decrease) during the year attributable to:		
Benefits accumulated and plan experience	(526,160)	301,563
Increase for interest due to the decrease in the discount period	667,163	639,581
Benefits paid	(520,144)	(493,811)
Net increase (decrease)	(379,141)	447,333
Actuarial present value of accumulated plan benefits at January 1, 2017 and 2016	$ 10,383,439	$ 10,762,580

The actuarial present value of accumulated plan benefits for the periods ending January 1, 2017 and 2016 was determined using the following significant actuarial assumptions:

	2017	2016
Discount rate	6.35%	6.35%
Rate of retirement	Graded schedule beginning at age 55 through age 65	
Mortality basis	RP-2000 mortality rates for annuitants and non-annuitants	RP-2000 mortality rates for annuitants and non-annuitants

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

6. PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any trustee of the Plan, any party rendering service to the Plan, the Employer and certain others.

The Plan holds investments in common collective trusts managed by the Trustee or its affiliates. The Northern Trust Company is also the trustee and third party administrator, as defined by the Plan. October Three is the actuary of the Plan. Blue & Co., LLC is the auditor of the Plan. All fees related to these services are paid by the Company. Therefore, transactions with these companies qualify as party-in-interest transactions.

7. TAX STATUS

The Internal Revenue Service has determined by an opinion letter for the Plan dated September 17, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended subsequent to September 17, 2014, the Plan administrator believes that the Plan is designed and is currently operating in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has concluded that as of December 31, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements.

The Plan is subject to routine audits by taxing jurisdictions. However, as of the date the financial statements were available to be issued, there were no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to 2015.

8. FUNDING POLICY AND PLAN TERMINATION

Benefits are funded through contributions from the Company. Contributions are determined by actuaries and paid to the trustee, Northern Trust Corporation. The Plan administrator employs professional investment managers to invest and reinvest assets of the plan fund.

The Company's funding policy is to make annual contributions to the Plan in amounts recommended by the actuary and as required under provisions of ERISA. In determining the amounts and incidence of such contributions, the Company considers the actuarial recommendations provided by an enrolled actuary to comply with ERISA. The Company's contributions to the Plan for years ended December 31, 2017 and 2016, were $394,681 and $137,000, respectively. Such contributions met or exceeded the minimum funding requirements of ERISA.

The Company or an authorized delegate of the Plan has the right to terminate, suspend, withdraw, amend, or modify the Plan. In the event of termination, the net assets of the Plan shall be first used to pay expenses of administration, and then to provide benefits to participants in accordance with Section 4044 of ERISA, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a United States government agency) up to the applicable limitations (discussed below).

3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Any residual assets remaining after all liabilities are satisfied would be returned to the Company.

If the Plan's net assets are inadequate, the PBGC generally guarantees the payment of vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations during 2017, the ceiling is $5,369 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

SUPPLEMENTARY INFORMATION

AVENTICS Corporation Hourly Pension Plan
EIN / PN 46-1763108 / 005
Schedule SB, Line 26 - Schedule of Active Participant Data

Attained age	Completed years of credited service as of January 1, 2017								
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 & over	Total
Under 25	-	-	-	-	-	-	-	-	-
25 to 29	-	1	-	-	-	-	-	-	1
30 to 34	-	1	1	-	-	-	-	-	2
35 to 39	-	1	2	2	-	-	-	-	5
40 to 44	-	4	5	5	2	1	-	-	17
45 to 49	-	4	4	4	-	2	1	-	15
50 to 54	-	1	1	9	2	5	4	-	22
55 to 59	-	-	4	3	2	3	8	2	22
60 to 64	-	2	1	3	-	2	2	7	17
65 to 69	-	-	-	-	-	-	1	2	3
70 & over	-	-	-	-	-	1	-	-	1
Total	-	14	18	26	6	14	16	11	105

AVENTICS Corporation Hourly Pension Plan
EIN / PN 46-1763108 / 005
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Sponsor Elections

Yield curve election:	The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).
Applicable month:	The plan sponsor elected to base the segment rates on the rates published in the September immediately preceding the valuation year.

Economic Assumptions

First segment rate (years 0 to 4):	4.16%
Second segment rate (years 5 to 19):	5.72%
Third segment rate (years 20 and after):	6.48%
Effective interest rate (current year):	5.94%
First segment rate (years 0 to 4), without stabilization:	1.52%
Second segment rate (years 5 to 19), without stabilization:	3.80%
Third segment rate (years 20 and after), without stabilization:	4.79%
Effective interest rate, without stabilization (current year):	4.16%

The interest rates listed above are compounded annually.

AVENTICS Corporation Hourly Pension Plan
EIN / PN 46-1763108 / 005
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Demographic Assumptions

Retirement

The retirement decrement assumptions for active participants are described in Exhibit A.

Withdrawal

The withdrawal decrement assumptions are summarized in Exhibit B.

Disability

The withdrawal decrement assumptions are summarized in Exhibit C.

Mortality and mortality improvement

The mortality follows the IRS 2017 Static Mortality Table with separate tables for annuitants and non-annuitants, as prescribed by Treasury regulation section 1.430(h)(3)-1(b). For ASC 960, the RP-2000 Table for males and females was used. To reflect mortality improvements since the table date and future improvements, mortality was projected from the date of the table to the valuation date using Scale AA and from the valuation date through 2027 using 50% of Scale AA, with no additional projection thereafter. The resulting rates were used for all age cohorts.

Marital status

80% of employees are assumed to be married; husbands are assumed to be three years older than wives.

Decrement timing

Decrements are assumed to occur as of the middle of the year.

Other Assumptions

Form of payment

20% of participants are assumed to elect a single life annuity and 80% of participants are assumed to elect a joint and 50% survivor annuity (conversion is based on a 6% interest rate and the current 417(e) mortality table).

Maximum earnings

The maximum compensation limit under IRC section 401(a)(17) is $270,000 for 2017.

Maximum benefit

The maximum benefit payable under IRC section 415 is $215,000 for 2017.

Expenses

Assumed expenses are set equal to actual trust expenses, limited to 5% of the fair value of assets. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-administrative expense.

AVENTICS Corporation Hourly Pension Plan
EIN / PN 46-1763108 / 005
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Methods

Valuation date

The valuation date is January 1, 2017.

Actuarial value of assets

The actuarial value of assets is determined by recognizing asset gains and losses over a period of three years. Asset gains and losses are defined as the difference between the expected return on the market value of assets, using a return assumption not to exceed the third segment rate, and the actual return on the market value of assets. This gain or loss is recognized over a period of three years at 33% per year, beginning in the current year. The actuarial value of assets must be within 10% of the market value of assets.

Minimum funding method

The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

Variable annuity benefit valuation method

January 1, 2017 accrued benefits for Variable Annuity Participants were calculated by multiplying January 1, 2016 accrued benefits by a fraction (the numerator of which is the actual return on assets earned in the pension trust during 2016 and the denominator is 6%).

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Exhibit A - Retirement Rates

Age	Rate
55	5.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	10.00%
61	10.00%
62	30.00%
63	15.00%
64	15.00%
65+	100.00%

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Exhibit B - Withdrawal Rates

Age	Rate	Age	Rate
15	14.00%	40	4.40%
16	14.00%	41	4.20%
17	14.00%	42	4.00%
18	14.00%	43	3.90%
19	14.00%	44	3.80%
20	14.00%	45	3.70%
21	12.00%	46	3.60%
22	10.00%	47	3.50%
23	9.60%	48	3.40%
24	9.20%	49	3.30%
25	8.80%	50	3.20%
26	8.40%	51	3.10%
27	8.00%	52	3.00%
28	7.60%	53	3.00%
29	7.20%	54	3.00%
30	6.80%	55	3.00%
31	6.40%	56	3.00%
32	6.00%	57	3.00%
33	5.80%	58	3.00%
34	5.60%	59	3.00%
35	5.40%	60	3.00%
36	5.20%	61	3.00%
37	5.00%	62	3.00%
38	4.80%	63	3.00%
39	4.60%	64	3.00%
		65+	3.00%

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Exhibit C - Disability Rates

Age	Male	Female	Age	Male	Female
15	0.0750%	0.0420%	40	0.2610%	0.2406%
16	0.0750%	0.0420%	41	0.2796%	0.2592%
17	0.0750%	0.0420%	42	0.2988%	0.2772%
18	0.0750%	0.0420%	43	0.3312%	0.3036%
19	0.0750%	0.0420%	44	0.3462%	0.3306%
20	0.0750%	0.0420%	45	0.3966%	0.3570%
21	0.0804%	0.0420%	46	0.4296%	0.3840%
22	0.0858%	0.0420%	47	0.4620%	0.4104%
23	0.0912%	0.0474%	48	0.5256%	0.4608%
24	0.0966%	0.0534%	49	0.5886%	0.5112%
25	0.1026%	0.0588%	50	0.6522%	0.5622%
26	0.1080%	0.0648%	51	0.7152%	0.6126%
27	0.1134%	0.0702%	52	0.7788%	0.6630%
28	0.1200%	0.0810%	53	0.8958%	0.7464%
29	0.1260%	0.0912%	54	1.0122%	0.8298%
30	0.1326%	0.1020%	55	1.1292%	0.9138%
31	0.1386%	0.1122%	56	1.2456%	0.9972%
32	0.1452%	0.1230%	57	1.3626%	1.0806%
33	0.1572%	0.1356%	58	1.4526%	1.0926%
34	0.1686%	0.1482%	59	1.5420%	1.1046%
35	0.1806%	0.1608%	60	1.6320%	1.1160%
36	0.1920%	0.1734%	61	1.7214%	1.1280%
37	0.2040%	0.1860%	62	1.8114%	1.1400%
38	0.2232%	0.2040%	63	1.9014%	1.1994%
39	0.2418%	0.2226%	64	2.0340%	1.2588%
			65+	0.0000%	0.0000%

RETIREMENT INCOME AGREEMENT BETWEEN THE AVENTICS CORPORATION AND THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS, LOCAL 651

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2017

EIN 46-1763108
Plan Number: 005

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(f) Expenses incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net Gain (Loss)
Series of Transactions							
Issuer	Collective Short Term Investment Fund	$ 1,043,534	$ -0-	$ -0-	$ 1,043,534	$ 1,043,534	$ -0-
Issuer	Collective Short Term Investment Fund	-0-	932,754	-0-	932,754	932,754	-0-

See report of independent auditors.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
RETIREMENT INCOME AGREEMENT BETWEEN THE AVENTICS CORPORATION AND THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 651

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AVENTICS Corporation

D Employer Identification Number (EIN)
46-1763108

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	2a	11,340,043
b Actuarial value	2b	11,522,599

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	97	5,600,898	5,600,898
b For terminated vested participants	45	697,263	697,263
c For active participants	105	4,215,396	4,486,967
d Total	247	10,513,557	10,785,128

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.94%
6 Target normal cost	6	387,309

Statement by Enrolled Actuary

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

SIGN HERE Joseph W. Litka

Signature of actuary

8/30/18
Date

Joseph W. Litka
Type or print name of actuary

1706718
Most recent enrollment number

October Three Consulting LLC
Firm name

312-878-2433
Telephone number (including area code)

233 S Wacker Drive, Suite 8350

Chicago IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	731,040
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	92,995
9	Amount remaining (line 7 minus line 8)	0	638,045
10	Interest on line 9 using prior year's actual return of 7.96%	0	50,788
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.99%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	688,833

Part III Funding Percentages

14	Funding target attainment percentage	14	100.45%
15	Adjusted funding target attainment percentage	15	106.83%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.62%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/10/2018	394,681	0			
			Totals ► 18(b)	394,681	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	359,760

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.16 %	5.72 %	6.48 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	387,309
b Excess assets, if applicable, but not greater than line 31a	**31b**	48,638

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	338,671

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	338,671
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	359,760
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	21,089
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

AVENTICS Corporation Hourly Pension Plan
EIN / PN 46-1763108 / 005
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Description of weighted average retirement age

The weighted average retirement age for the population during the current year, rounded to the nearest whole number, is 63.

Assumed retirement age	Percent assumed to retire	Weight	
(a)	(b)	(c)	(a) * (b) * (c)
55.5	5%	1.0000	2.78
56.5	2%	0.9500	1.07
57.5	2%	0.9310	1.07
58.5	2%	0.9124	1.07
59.5	2%	0.8941	1.06
60.5	10%	0.8762	5.30
61.5	10%	0.7886	4.85
62.5	30%	0.7098	13.31
63.5	15%	0.4968	4.73
64.5	15%	0.4223	4.09
65	100%	0.3590	23.34
		Weighted Average Retirement Age	62.66

AVENTICS Corporation Hourly Pension Plan
EIN / PN 46-1763108 / 005
Schedule SB, Part V - Summary of Plan Provisions

Effective Date

July 1, 1989. Amended effective November 1, 2014.

Eligibility

An Employee shall become a participant as of the first day of the month coincident with or next following the date he became an Employee; provided, however, that no Employee shall become a participant prior to July 1, 1989.

Definitions

Actuarial Equivalence

Applicable Mortality Table per section 417(e)(3) of the Internal Revenue Code and 6% interest rate.

Employee

Any person who is employed by a participating employer and who is a person to whom, or is a member of a group of persons to whom, the benefits of this plan have been made and continue to be available by agreement between a participating employer and the collective bargaining representative of such group, or by designation by the company.

Normal Retirement Date

The first day of the month coincident with or next following the participant's 65th birthday.

Plan Year

January 1 to December 31.

Variable Annuity Participant

Employees whose termination date and benefit commencement date both occur prior to the earlier of (a) March 24, 2017 and (b) the expiration of the collective bargaining agreement in effect on November 1, 2014 will not become Variable Annuity Participants.

Years of Service

A participant's number of calendar months of service divided by 12, disregarding service for any period less than a full calendar month, and expressing service for fractional parts of a year in twelfths.

Normal Retirement

Eligibility

Age 65

Benefit

For eligible Employees who are not Variable Annuity Participants, a monthly amount equal to the sum of (1) and (2):

(1) The multiplier effective on the date of termination multiplied by years of benefit service after June 30, 1989, provided that total years of benefit service after June 30, 1989 is limited to 40 years.

Multiplier	Effective Date	Multiplier	Effective Date
$ 19.00	2/14/1996	$ 30.00	3/20/2005
$ 20.00	2/14/1997	$ 31.00	3/20/2006
$ 21.00	2/14/1998	$ 32.00	3/20/2007
$ 22.00	2/14/1999	$ 33.00	3/15/2008
$ 25.00	3/20/2000	$ 34.00	3/15/2009
$ 26.00	3/20/2001	$ 35.00	3/14/2010
$ 27.00	3/20/2002	$ 35.50	3/20/2011
$ 28.00	3/20/2003	$ 36.00	3/20/2012
$ 29.00	3/20/2004	$ 36.50	3/20/2013

(2) $12.75 multiplied by years of benefit service prior to July 1, 1989. American Standard Inc. will pay $11.25 and Bosch Rexroth will pay $1.50.

For Variable Annuity Participants, effective November 1, 2014, a monthly amount equal to the greater of (1), (2), and (3):

(1) (a) plus (b):

(a) The prior year monthly benefit multiplied by a fraction, the numerator of which is one plus the investment return for the calendar year and the denominator of which is one plus 6%.

(b) $36.50, provided that, if the Variable Annuity Participant terminates during the Year, this amount shall be prorated in accordance with the number of completed months prior to termination, and further provided that no amount will be credited after the Variable Annuity Participant's total years of benefit service after June 30, 1989 equals 40 years.

Beginning with the first Plan Year following the retirement of the Variable Annuity Participant, the benefit as determined on the first day of the preceding calendar year is adjusted by multiplying that benefit by a fraction, the numerator of which is one plus the investment return for the calendar year and the denominator of which is one plus 6%.

(2) The accrued benefit as November 1, 2014.

(3) For a Variable Annuity Participant who has commenced payment, 95% of the benefit received in the prior Plan Year.

Early Retirement

Eligibility

Age 55 and 10 years of service

Benefit

A monthly amount equal to the normal retirement benefit reduced by 1/2 of 1% for each month the early retirement precedes the normal retirement.

Vested Termination

Eligibility

Five years of service or has attained age 65 at the date of termination of employment.

Benefit

The accrued benefit based on benefit service and multiplier level at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Disability

Eligibility

10 years of service

Benefit

The accrued benefit based on benefit service and multiplier level at the date of disability, without reduction.

Death

Eligibility

Five years of service. Participant and spouse must be married for at least one year prior to death.

Benefit

If death occurs on or after the earliest date the participant is eligible to retire, a monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

If death occurs before the earliest date the participant is eligible to retire, a monthly benefit payable to the surviving spouse beginning at the employee's normal retirement age equal to 50% of the amount payable if the participant had elected a 50% joint and survivor benefit. Spouse may begin the benefit at the participant's earliest retirement date reduced by early retirement factors.

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Schedule SB, Part V - Summary of Plan Provisions

Payment forms

Normal Form of Annuity

With Spouse:	Single life annuity
Without Spouse:	50% joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

50% joint and survivor annuity, 75% joint and survivor annuity and 100% joint and survivor annuity.

RETIREMENT INCOME AGREEMENT BETWEEN THE AVENTICS CORPORATION AND THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS, LOCAL 651

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2017

EIN 46-1763108
Plan Number: 005

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
*	MFB NT Collective Emerging Markets Index Fund - Lending	Common/collective trust	$ 430,870	$ 559,627
*	NTCC Emerging Markets FD FEBT	Common/collective trust	594,034	777,354
*	NTCC International Equity FD FEBT	Common/collective trust	876,556	1,117,027
*	Collective Short Term Investment Fund	Common/collective trust	165,169	165,169
*	MFB NT Collective Global Real Estate Index Fund - Lending	Common/collective trust	270,154	309,822
*	MFB NT Collective Russell 1000 Index Fund - Lending	Common/collective trust	1,084,270	1,312,069
*	MFB NT Collective Russell 2000 Index Fund - Lending	Common/collective trust	221,636	254,685
*	MFB NT Collective S&P 400 Index Fund - Lending	Common/collective trust	272,186	311,543
*	MFB NTGI-QM Collective Daily 1-5 YR CR BD - Index Fund	Common/collective trust	706,566	721,030
*	NTCC Collective All Country World EX-US	Common/collective trust	593,954	744,201
*	NTCC Small Cap FD FEBT	Common/collective trust	210,591	250,487
*	MFB NT Collective Aggregate Bond Index Fund - Lending	Common/collective trust	1,872,650	1,935,538
	MFC Flexshares TR Morningstar Global Upstream Natural Resources	Registered investment company	433,434	503,145
*	MFB Northern Multi Manager Global Listed Infrastructure Fund	Registered investment company	259,593	292,742
	MFC Flexshares TR IBOXX 3 YR Target Duration Tips Index	Registered investment company	301,038	296,851
	MFO Blackrock FDS High Yield Bond Portfolio Institutional Class	Registered investment company	653,181	665,147
	MFO Doubleline Core Fixed Income Fund I	Registered investment company	1,371,790	1,393,636
*	MFB Northern Funds Active M U S Equity	Registered investment company	544,900	627,278
			$ 10,862,572	$ 12,237,351

* Party-in-interest

See report of independent auditors.