

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

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>RETIREMENT PLAN OF XALOY INCORPORATED</u>	1b	Three-digit plan number (PN) ▶ <u>005</u>
		1c	Effective date of plan <u>08/15/2003</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NEW CASTLE INDUSTRIES, INC.</u> 1399 COUNTYLINE ROAD NEW CASTLE, PA 16101 1399 COUNTYLINE ROAD NEW CASTLE, PA 16101	2b	Employer Identification Number (EIN) <u>25-1264175</u>
		2c	Plan Sponsor's telephone number <u>800-897-2830</u>
		2d	Business code (see instructions) <u>333200</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	KATHLEEN M. KENNEDY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	RAY L. CUSHING
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 247
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 49 6a(2) 50 6b 83 6c 95 6d 228 6e 15 6f 243 6g 6h
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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 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 <u>RETIREMENT PLAN OF XALOY INCORPORATED</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NEW CASTLE INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>25-1264175</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value	2a	<u>16922149</u>	
b Actuarial value	2b	<u>17550554</u>	
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	<u>95</u>	<u>5684904</u>	<u>5684904</u>
b For terminated vested participants	<u>103</u>	<u>3007315</u>	<u>3007315</u>
c For active participants	<u>49</u>	<u>4911126</u>	<u>4978004</u>
d Total	<u>247</u>	<u>13603345</u>	<u>13670223</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.92 %</u>	
6 Target normal cost	6	<u>131194</u>	

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

SIGN HERE		
Signature of actuary	Date	
<u>GREGORY H. REYNOLDS</u>	<u>17-06401</u>	
Type or print name of actuary	Most recent enrollment number	
<u>AON CONSULTING, INC.</u>	<u>216-573-9700</u>	
Firm name	Telephone number (including area code)	
<u>5005 ROCKSIDE ROAD INDEPENDENCE, OH 44131</u>		
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)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of <u>4.49</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3862380
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.09</u> %		235219
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		4097599
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	128.38%
15 Adjusted funding target attainment percentage	15	128.38%
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	107.90%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	131194	
b Excess assets, if applicable, but not greater than line 31a	31b	131194	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....			
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40		

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

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

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan RETIREMENT PLAN OF XALOY INCORPORATED	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 NEW CASTLE INDUSTRIES, INC.	D Employer Identification Number (EIN) 25-1264175

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

JOHN HANCOCK

01-0233346

(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?
23		25557	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOGAN CIRCLE PARTNERS, LP

20-8262386

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		16800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 11		16363	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)

NORTHERN TRUST COMPANY

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 19	TRUSTEE	5945	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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.	

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

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

Part 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:

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
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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
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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
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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

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 PLAN OF XALOY INCORPORATED	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 NEW CASTLE INDUSTRIES, INC.	D Employer Identification Number (EIN) 25-1264175	

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	47760	47618
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	132000	
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		412000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2791	40395
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	12813068	17491827
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12995619	17991840

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12995619	17991840
---	-----------	----------	----------

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)	3792000	
(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)		3792000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	252	
(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)		252
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1867885
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5660137

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	576389	
(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)		576389
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)	47865	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	39662	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		87527
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		663916

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4996221
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: MEADEN & MOORE, LTD.

(2) EIN: 34-1818258

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4088291. (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 PLAN OF XALOY INCORPORATED		B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 NEW CASTLE INDUSTRIES, INC.		D Employer Identification Number (EIN) 25-1264175
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 80-0709115		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

RETIREMENT PLAN OF XALOY INCORPORATED

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2017

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Retirement Committee
Retirement Plan of Xaloy Incorporated
Westlake, Ohio

Report on the Financial Statements

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Northern Trust Company, John Hancock Trust Company, and Newport Trust Company ("Trustees"), except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained a certification from The Northern Trust Company as of December 31, 2017 and 2016, and for the years ended December 31, 2017 and 2016, and from John Hancock Trust Company as of December 31, 2017 and 2016, and for the year end December 31, 2017 and for the period of July 20, 2016 through December 31, 2016, and from Newport Trust Company as of September 15, 2016, and for the period January 1, 2016 through September 15 2016, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Information

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

Report on Form and Content in Compliance with 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 Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in blue ink that reads "Meaden & Moore, Ltd." in a cursive script.

Meaden & Moore, Ltd.
Cleveland, Ohio

October 11, 2018

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Retirement Plan of Xaloy Incorporated

	December 31	
	<u>2017</u>	<u>2016</u>
ASSETS		
Cash	\$ 47,618	\$ 47,760
Investments at Fair Value:		
Plan Interest in Master Trust	17,491,827	12,813,068
Money Market Funds	<u>40,395</u>	<u>2,791</u>
Total Investments	17,532,222	12,815,859
Receivable - Employer contributions	-	132,000
Receivable - Nordson Corporation Salaried Employees Pension Plan	<u>412,000</u>	<u>-</u>
Total Receivables	412,000	132,000
LIABILITIES	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ 17,991,840</u>	<u>\$ 12,995,619</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Retirement Plan of Xaloy Incorporated

	Year Ended December 31	
	<u>2017</u>	<u>2016</u>
Additions to Net Assets Attributed to:		
Employer contributions	\$ 3,792,000	\$ 444,380
Investment Income (Loss):		
Interest and dividend income	252	144,335
Net investment gain (loss) from Master Trust	1,867,885	(510,521)
Net unrealized and realized appreciation (depreciation)	<u>-</u>	<u>711,422</u>
Total Investment Income (Loss)	1,868,137	345,236
Deductions from Net Assets Attributed to:		
Benefits paid to participants	576,389	546,355
Administrative expenses	<u>87,527</u>	<u>84,207</u>
Total Deductions	<u>663,916</u>	<u>630,562</u>
Net Increase (Decrease)	4,996,221	159,054
Net Assets Available for Benefits:		
Beginning of Year	<u>12,995,619</u>	<u>12,836,565</u>
End of Year	<u>\$ 17,991,840</u>	<u>\$ 12,995,619</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

1 Description of Plan

The following description of the Retirement Plan of Xaloy Incorporated ("Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began July 31, 2002 and was most recently restated effective January 1, 2015, is a defined benefit plan covering employees of New Castle Industries, Inc. (dba Nordson Xaloy Incorporated) and each of its divisions ("Company"). Certain Company divisions are covered by collective bargaining agreements and eligible employees covered under these agreements participate in the Plan. Effective August 1, 2014, newly hired, rehired, or transferred collective bargaining employees are no longer eligible to participate in the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective July 15, 2016, the Plan's Trustee was changed from Newport Trust Company to John Hancock Trust Company and The Northern Trust Company. Effective September 1, 2016, certain Plan administration functions were transferred from Newport Group to John Hancock Retirement Services.

Funding Policy:

The Company's funding policy for the Plan is to contribute, over time, an amount at least equal to the minimum contribution required by law. The Company's contributions for 2017 and 2016 comply with the minimum funding requirements.

Pension Benefits:

Under the terms of the Plan, employees are eligible to participate in the Plan upon their date of hire. Participants are 100% vested in their accumulated benefits after five years of service. Participating employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to an amount as determined under the Plan provisions for each division.

Benefits of all salaried employees of the Company's corporate office were frozen as of January 31, 2005, although benefits continue to accrue for employees of other active divisions. For the Tanner division, the Plan includes incremental changes to the benefit formula by raising the multiplier for years of service after 1971 over several years. The multiplier changed from \$28 to \$29, effective August 1, 2015. For the Feed Screws division, effective August 1, 2014, the benefit formula uses a multiplier of \$37 and a service cap of 40 years.

The Plan permits early retirement benefits if the participating employee has completed the minimum amount of service and has attained the age specified in the Plan for its division.

Participants receive their benefits in the form of an annuity. If the present value of the participant's vested accrued benefit does not exceed \$5,000, the amount will be paid in a single sum upon termination of employment or retirement date, whichever is earlier.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

1 Description of Plan, Continued

Death and Disability Benefits:

If a participant dies before the retirement benefit commencement, the participant's surviving spouse is eligible for a death benefit as provided by the Plan. Active, participating employees who become totally and permanently disabled will be entitled to receive a benefit equal to the retirement benefit as defined by the Plan.

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates:

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

Valuation of Investments:

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of 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 or depreciation includes the Plan's gain and losses on investments bought and sold, as well as held during the year.

Cash:

In 2017 and 2016, the Plan maintained cash with the Trustees. Cash is held in pass-through accounts and is not insured by the Federal Deposit Insurance Corporation ("FDIC").

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated Plan benefits represent future periodic payments that 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

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

2 Summary of Significant Accounting Policies, Continued

Actuarial Present Value of Accumulated Plan Benefits, Continued:

The accumulated Plan benefits for active employees are based on Plan provisions ending on the date as of which the benefit information is presented. Benefits payable upon retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated Plan benefits was determined by the consulting actuary and is the 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 for payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Administrative Fees:

Administrative expenses of the Plan may be paid by either the Plan or the Company as provided in the Plan document.

Payment of Benefits:

Benefit payments are recorded when paid.

Subsequent Events:

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

Subsequent events have been evaluated through October 11, 2018, which is the date the financial statements were available to be issued.

Recent Accounting Pronouncements:

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent) (ASU 2015-07). This standard removes, from the fair value hierarchy, investments for which fair value is measured using the net asset value per share practical expedient under ASC 820. The Plan adopted ASU 2015-07 for the December 31, 2017 financial statements on a retrospective basis and modified the presentation of the fair value hierarchy tables included in the notes to the financial statements.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

3 Accumulated Plan Benefits

The present value of vested benefits under the Plan and the accrued benefits not vested were calculated by consulting actuaries based on the personnel information provided by the Company as of the valuation date. Accrued benefits are estimated actuarially using the standard unit credit costs method. The accumulated Plan benefit information as of the beginning of the Plan year is as follows:

Actuarial present value of accumulated Plan benefits:

Vested Benefits:

Participants currently receiving payments	\$ 5,438,703
Participants entitled to deferred benefits	2,875,381
Other participants	<u>4,637,520</u>

12,951,604

Non-vested benefits	<u>52,248</u>
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Actuarial present value of accumulated Plan benefits at January 1, 2017	<u>\$ 13,003,852</u>
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A schedule of changes in the actuarial present value of accumulated Plan benefits between the two valuation dates is as follows:

Actuarial present value of accumulated Plan benefits at January 1, 2016	\$ 11,046,190
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Increase (Decrease) during the Plan year attributable to:

Plan experience	(147,916)
Increase for interest due to the decrease in the discount period	861,952
Increase due to change in actuarial assumptions	1,797,879
Benefits paid (including lump sum amounts)	<u>(554,253)</u>

Net Increase	<u>1,957,662</u>
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Actuarial present value of accumulated Plan benefits at January 1, 2017	<u>\$ 13,003,852</u>
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Plan experience typically results from participants retiring earlier or later than expected, and demographic changes that are more or less than anticipated. The net increase attributable to the change in actuarial assumptions is primarily due to the changes in the discount rate and mortality rates used.

The significant assumptions underlying the actuarial computations are:

Mortality Basis – 2017 combined static mortality table for small plans.

Retirement Age – Earlier of age 65 and five years of service (if required based on Plan provision for each division) or age and years of service based on Plan document for each eligible division.

Discount Rate – 6.25%

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

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

4 Interest in Master Trust

During 2016, in connection with the change in the Plan's Trustees, Plan assets were invested in the Nordson Corporation Pension Investment Trust ("Master Trust"). The Plan's interest in the Master Trust is based on the beginning of year value of the Plan's investment in the Master Trust, plus actual contributions and allocated investment income (loss) less actual distributions and allocated administrative expenses.

Investments of the Plan are included in the Master Trust on a commingled basis with investments of the Nordson Corporation Salaried Employees Pension Plan, the Nordson Corporation Hourly-Rated Employees Pension Plan, and the Xaloy Incorporated Retirement Plan. The net assets of the Master Trust at December 31, 2017 and 2016 are certified by The Northern Trust Company and are as follows:

	<u>2017</u>	<u>2016</u>
U.S. Government securities	\$ 59,947,244	\$ 36,393,493
Short-term investments	3,127,666	2,265,101
Common stocks	24,006,143	23,937,238
Mutual funds	21,292,951	25,970,766
Bonds	123,243,868	62,162,671
Pooled investment funds	124,010,159	153,124,610
Real estate collective funds	21,993,889	20,718,432
Accrued interest and dividends	1,981,444	1,119,353
Unsettled sales and purchases - net	<u>(5,044)</u>	<u>32,833</u>
Net Assets	<u>\$ 379,598,320</u>	<u>\$ 325,724,497</u>

At December 31, 2017 and 2016, the Plan has an interest in the net assets of the Master Trust of 4.6% and 3.9%, respectively.

The net increase (decrease) in the Master Trust for the year ended December 31, 2017 and 2016 is as follows:

	<u>2017</u>	<u>2016</u>
Interest and dividend income	\$ 7,450,783	\$ 5,198,374
Net income from real estate collective funds	875,625	864,974
Net appreciation in fair value of investments	37,249,478	17,509,286
Fees and expenses	(1,529,813)	(1,348,244)
Net transfers in	<u>9,827,749</u>	<u>23,526,610</u>
Net Increase	<u>\$ 53,873,822</u>	<u>\$ 45,751,000</u>

Investment gain (loss) and administrative expenses related to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

5 Information Prepared and Certified by Trustees

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

	<u>2017</u>	<u>2016</u>
Investments, at fair value	\$ 17,532,222	\$ 12,815,859
Cash	\$ 47,618	\$ 47,760
Interest and dividends	\$ 252	\$ 144,335
Net investment gain (loss) from Master Trust	\$ 1,867,885	\$ (510,521)
Net appreciation (depreciation)	\$ -	\$ 711,422

6 Fair Value Measurements

When determining the fair value measurements for assets and liabilities required to be reported at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, and risk of nonperformance.

Accounting guidance establishes a fair value hierarchy that requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The three levels of inputs that may be used to measure fair value 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 other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data.

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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of 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.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

6 Fair Value Measurements, Continued

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

U.S. Government Securities: U.S. Treasury bills reflect the closing price in the active market in which the security is traded and are classified within Level 1 of the hierarchy. Securities of U.S. agencies are valued using bid evaluations and are classified within Level 2 of the hierarchy.

Short-Term Investments and Money Market Funds: Short-term investments consist of a money market fund, which is a public investment vehicle that is valued with a net asset value (“NAV”) of \$1. This NAV is a quoted price in an active market, thus these investments are classified within Level 1 of the hierarchy.

Common Stocks: Common stocks are valued at fair value based on closing prices reported in active markets where the securities are traded and are classified within Level 1 of the hierarchy.

Mutual Funds: Mutual funds are valued at fair value based on closing prices reported in active markets where the securities are traded and are classified within Level 1 of the hierarchy.

Bonds: Bonds are valued using evaluated prices. Because evaluated prices are based on observable inputs such as dealer quotes, bids and offers, these securities are classified within Level 2 of the hierarchy.

Pooled Investment Funds: These are public investment vehicles valued using the NAV. The NAV is based on the value of the assets owned by the fund, less liabilities. These investments are not quoted on an active exchange. Transactions (purchases and sales) occur daily. Were the Plan to initiate a full redemption of the pooled investment funds, the investment advisor reserves the right to temporarily delay withdrawal from the funds in order to ensure that securities liquidations will be carried out in an orderly business manner.

Real Estate Collective Funds: These funds are valued using the net asset value of the underlying properties. Net asset value is calculated using a combination of key inputs such as revenue and expense growth rates, terminal capitalization rates and discount rates. These investments are not quoted on an active exchange. Fund participants may withdraw from the fund once per quarter subject to available cash, as determined by the trustee. A written withdrawal request is required 45 days prior to quarter end. To the extent withdrawal requests exceed available cash, distributions are made on a pro rata basis.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

6 Fair Value Measurements, Continued

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments as of December 31, 2017:

	Investments at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
U.S. Government Securities	\$ 9,554,413	\$ 50,392,831	\$ -	\$ 59,947,244
Short-Term Investments	3,127,666	-	-	3,127,666
Common Stocks	24,006,143	-	-	24,006,143
Mutual Funds	21,292,951	-	-	21,292,951
Bonds	-	123,243,868	-	123,243,868
Total Investments in the Fair Value Hierarchy	<u>\$57,981,173</u>	<u>\$173,636,699</u>	<u>\$ -</u>	231,617,872

Investments measured at Net Asset Value:

Pooled Investment Funds	124,010,159
Real Estate Collective Funds	21,993,890
Total Investments in the Master Trust at Fair Value	<u>\$377,621,921</u>

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments as of December 31, 2016.

	Investments at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
U.S. Government Securities	\$ 2,869,695	\$ 33,523,798	\$ -	\$ 36,393,493
Short-Term Investments	2,265,101	-	-	2,265,101
Common Stocks	23,937,238	-	-	23,937,238
Mutual Funds	25,970,766	-	-	25,970,766
Bonds	-	62,162,671	-	62,162,671
Total Investments in the Fair Value Hierarchy	<u>\$ 55,042,800</u>	<u>\$ 95,686,469</u>	<u>\$ -</u>	150,729,269

Investments measured at Net Asset Value:

Pooled Investment Funds	153,124,610
Real Estate Collective Funds	20,718,432
Total Investments in the Master Trust at Fair Value	<u>\$ 324,572,311</u>

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

6 Fair Value Measurements, Continued

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

Investments at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Money Market Fund	<u>\$ 40,395</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 40,395</u>
Total Investments at Fair Value Excluding Investment in the Master Trust	<u>\$ 40,395</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 40,395</u>
Investments at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Money Market Funds	<u>\$ 2,791</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,791</u>
Total Investments at Fair Value Excluding Investment in the Master Trust	<u>\$ 2,791</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,791</u>

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer.

7 Financial Instruments

The investment managers of the Master Trust invest in futures contracts to buy or sell United States Treasuries at a future date for a specified price. Futures contracts are used primarily to mitigate exposure to changes in interest rates. At December 31, 2017 and 2016, the Master Trust had contracts outstanding to sell Treasury bonds with a notional value of \$14,579,453 and \$1,791,406, respectively. The Master Trust accounts for these futures contracts at fair value, which is based on the current exchange closing price. Gains and losses on the contracts are settled daily. Changes in value of these instruments are included in net investment income from Master Trust on the Statement of Changes in Net Assets. The Master Trust recognized net gains of \$275,949 (2017) and \$592,997 (2016) related to these contracts.

These instruments involve elements of credit and market risks. The daily settlement on the futures contracts serves to greatly reduce credit risk. The Master Trust enters into futures contracts on exchanges where the exchange acts as the counterparty, thus limiting the credit risk to the failure of the exchange.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

8 Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated January 10, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2017, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

9 Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA, and subject to the provisions of active collective bargaining agreements. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"). In the event that the Plan terminates, the net assets of the Plan shall be allocated among the participants and beneficiaries in accordance with the priorities mandated by ERISA. Whether a participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all. A full description of the defined benefit plan termination priorities is available in the Plan document.

10 Risks and Uncertainties

The Master Trust invest in various investment securities, as described in Note 6. These investments are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is reasonably possible that changes in these estimates and assumptions could materially affect the amounts reported in the Statement of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan of Xaloy Incorporated

11 Party-in-Interest and Related Party Transactions

Certain investments held by the Master Trust are funds managed by The Northern Trust Company, a Trustee of the Plan, and therefore, these transactions qualify as party-in-interest. Certain expenses with respect to the Plan were paid by the Master Trust and these expenses were allocated between the Plan and the Nordson Corporation Salaried Employees Pension Plan, the Nordson Corporation Hourly-Rated Employees Pension Plan, and the Xaloy Incorporated Retirement Plan.

At December 31, 2017, the Plan has a receivable from the Nordson Corporation Salaried Employees Pension Plan for amounts received from the Master Trust that should have been allocated to the Plan for the payment of benefits.

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

Retirement Plan of Xaloy Incorporated

EIN 25-1264175
Plan Number 005

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Nordson Corporation Pension Investment Trust	Master Trust	\$ 15,195,604	\$ 17,491,827
	Wells Fargo Advantage Government Money Market Fund	40,395 Shares, Money Market Fund	<u>40,395</u>	<u>40,395</u>
			<u>\$ 15,235,999</u>	<u>\$ 17,532,222</u>
*	Party-in-interest to the Plan.			

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Retirement Plan of Xaloy Incorporated

EIN 25-1264175

Plan Number 005

December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single Transactions in Excess of 5%								
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 46,000	\$ -	\$ -	\$ -	\$ 46,000	\$ 46,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 48,265	\$ -	\$ -	\$ 48,265	\$ 48,265	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 46,000	\$ -	\$ -	\$ -	\$ 46,000	\$ 46,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 21,600	\$ -	\$ -	\$ -	\$ 21,600	\$ 21,600	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 49,406	\$ -	\$ -	\$ 49,406	\$ 49,406	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 49,406	\$ -	\$ -	\$ 49,406	\$ 49,406	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Retirement Plan of Xaloy Incorporated

EIN 25-1264175

Plan Number 005

December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 48,614	\$ -	\$ -	\$ 48,614	\$ 48,614	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 49,385	\$ -	\$ -	\$ -	\$ 49,385	\$ 49,385	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 48,739	\$ -	\$ -	\$ 48,739	\$ 48,739	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 47,894	\$ -	\$ -	\$ 47,894	\$ 47,894	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 47,815	\$ -	\$ -	\$ -	\$ 47,815	\$ 47,815	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Retirement Plan of Xaloy Incorporated

EIN 25-1264175

Plan Number 005

December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 49,903	\$ -	\$ -	\$ 49,903	\$ 49,903	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 47,195	\$ -	\$ -	\$ 47,195	\$ 47,195	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 47,195	\$ -	\$ -	\$ 47,195	\$ 47,195	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 47,588	\$ -	\$ -	\$ 47,588	\$ 47,588	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Retirement Plan of Xaloy Incorporated

EIN 25-1264175

Plan Number 005

December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 47,618	\$ -	\$ -	\$ 47,618	\$ 47,618	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 47,618	\$ -	\$ -	\$ 47,618	\$ 47,618	\$ -
Category (iii) - Series of Transactions by Issue in Excess of 5%								
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 618,986	\$ -	\$ -	\$ -	\$ 618,986	\$ 618,986	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 581,633	\$ -	\$ -	\$ 581,633	\$ 581,633	\$ -

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

Retirement Plan of Xaloy Incorporated

EIN 25-1264175
Plan Number 005

December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Nordson Corporation Pension Investment Trust	Master Trust	\$ 15,195,604	\$ 17,491,827
	Wells Fargo Advantage Government Money Market Fund	40,395 Shares, Money Market Fund	<u>40,395</u>	<u>40,395</u>
			<u>\$ 15,235,999</u>	<u>\$ 17,532,222</u>
*	Party-in-interest to the Plan.			

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49			1	1		1				
50-54				2		3	1	4		
55-59			3		1	2	6	2	2	1
60-64			1		1	4	4	4	1	1
65-69									1	1
70+				1						

N-49

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumptions change:

- A change in the unlimited expected rate of return on plan assets from 6.75% to 6.25%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

Schedule SB, line 22—Description of Weighted Average Retirement Age

All active participants are assumed to retire at age 65.

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2017****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

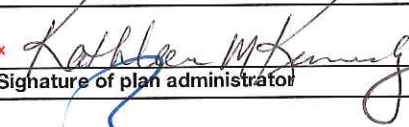
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
- ☐ the first return/report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

Part II Basic Plan Information - enter all requested information

1a Name of plan RETIREMENT PLAN OF XALOY, INCORPORATED	1b Three-digit plan number (PN) ▶ <u>005</u>
	1c Effective date of plan <u>08/15/2003</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NEW CASTLE INDUSTRIES, INC. 1399 COUNTYLINE ROAD NEW CASTLE PA 16101	2b Employer Identification Number (EIN) <u>25-1264175</u>
	2c Plan Sponsor's telephone number <u>800-897-2830</u>
	2d Business code (see instructions) <u>333200</u>

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

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

SIGN HERE * 	<u>10/15/18</u>	* <u>Kathleen M. Kennedy</u>
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	<u>10/15/18</u>	<u>Ray L. Cushing</u>
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

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

5 Total number of participants at the beginning of the plan year	5	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)	49
a (2) Total number of active participants at the end of the plan year	6a(2)	50
b Retired or separated participants receiving benefits	6b	83
c Other retired or separated participants entitled to future benefits	6c	95
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	228
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	15
f Total. Add lines 6d and 6e	6f	243
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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Retirement Plan of Xaloy Incorporated

EIN 25-1264175

Plan Number 005

December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single Transactions in Excess of 5%								
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 46,000	\$ -	\$ -	\$ -	\$ 46,000	\$ 46,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 48,265	\$ -	\$ -	\$ 48,265	\$ 48,265	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 46,000	\$ -	\$ -	\$ -	\$ 46,000	\$ 46,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 21,600	\$ -	\$ -	\$ -	\$ 21,600	\$ 21,600	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 49,406	\$ -	\$ -	\$ 49,406	\$ 49,406	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 49,406	\$ -	\$ -	\$ 49,406	\$ 49,406	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Retirement Plan of Xaloy Incorporated

EIN 25-1264175

Plan Number 005

December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 48,614	\$ -	\$ -	\$ 48,614	\$ 48,614	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 49,385	\$ -	\$ -	\$ -	\$ 49,385	\$ 49,385	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 48,739	\$ -	\$ -	\$ 48,739	\$ 48,739	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 47,894	\$ -	\$ -	\$ 47,894	\$ 47,894	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 47,815	\$ -	\$ -	\$ -	\$ 47,815	\$ 47,815	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Retirement Plan of Xaloy Incorporated

EIN 25-1264175

Plan Number 005

December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 49,903	\$ -	\$ -	\$ 49,903	\$ 49,903	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 47,195	\$ -	\$ -	\$ 47,195	\$ 47,195	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 47,195	\$ -	\$ -	\$ 47,195	\$ 47,195	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 47,588	\$ -	\$ -	\$ 47,588	\$ 47,588	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Retirement Plan of Xaloy Incorporated

EIN 25-1264175

Plan Number 005

December 31, 2017

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 47,618	\$ -	\$ -	\$ 47,618	\$ 47,618	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 50,000	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 47,618	\$ -	\$ -	\$ 47,618	\$ 47,618	\$ -
Category (iii) - Series of Transactions by Issue in Excess of 5%								
	Wells Fargo Advantage							
	Government Money Market Fund	\$ 618,986	\$ -	\$ -	\$ -	\$ 618,986	\$ 618,986	\$ -
	Wells Fargo Advantage							
	Government Money Market Fund	\$ -	\$ 581,633	\$ -	\$ -	\$ 581,633	\$ 581,633	\$ -

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 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 Plan of Xaloy, Incorporated	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF New Castle Industries, Inc.	D Employer Identification Number (EIN) 25-1264175	

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F Prior year plan size:** ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value.....	2a	16,922,149	
b Actuarial value.....	2b	17,550,554	
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.....	95	5,684,904	5,684,904
b For terminated vested participants.....	103	3,007,315	3,007,315
c For active participants.....	49	4,911,126	4,978,004
d Total.....	247	13,603,345	13,670,223
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	5.92%	
6 Target normal cost.....	6	131,194	

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	 GREGORY H. REYNOLDS Signature of actuary GREGORY H. REYNOLDS Type or print name of actuary AON CONSULTING, INC. Firm name 5005 ROCKSIDE ROAD INDEPENDENCE OH 44131 Address of the firm	<u>10/03/2018</u> Date <u>1706401</u> Most recent enrollment number <u>216-573-9700</u> Telephone number (including area code)
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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 ☐
 For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2017

Part II

11	Prior year's excess contributions to be added to prefunding balance:	
a	Present value of excess contributions (line 38a from prior year).....	3,862,380
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.09</u> %.....	235,219
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return.....	0
c	Total available at beginning of current plan year to add to prefunding balance.....	4,097,599
d	Portion of (c) to be added to prefunding balance.....	

Part III

14	Funding target attainment percentage	14	128.38%
15	Adjusted funding target attainment percentage.....	15	128.38%
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	107.90%
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

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
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	131,194	
b Excess assets, if applicable, but not greater than line 31a	31b	131,194	
32 Amortization installments:	Outstanding Balance		
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	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 SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

Schedule SB, line 22—Description of Weighted Average Retirement Age

All active participants are assumed to retire at age 65.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of September 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.16%
2nd Segment Rate	5.72%
3rd Segment Rate	6.48%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2016), without regard to interest rate stabilization
1st Segment Rate	1.52%
2nd Segment Rate	3.80%
3rd Segment Rate	4.79%
Retirement Age	
Active Participants	Age 65
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2017 combined static mortality table for small plans per §1.430(h)(3)-1(e)
Withdrawal Rates	See Tables 1–2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$215,000.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2015 Plan Year

8.00%, limited to 6.81%

2016 Plan Year

6.75%, limited to 6.65%

2017 Plan Year

6.25%

Trust Expenses Included in Target Normal Cost

The prior year's non-investment expenses, rounded to the nearest \$1,000 (\$20,000 as of January 1, 2017).

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2017

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

Table 1

Withdrawal Rates—New Castle Location

Age	Rate	Age	Rate
25	13.840%	45	3.000%
26	13.388%	46	2.800%
27	12.936%	47	2.600%
28	12.484%	48	2.400%
29	12.032%	49	2.200%
30	11.580%	50	2.000%
31	11.164%	51	1.600%
32	10.748%	52	1.200%
33	10.332%	53	0.800%
34	9.916%	54	0.400%
35	9.500%	55+	0.000%
36	8.800%		
37	8.100%		
38	7.400%		
39	6.700%		
40	6.000%		
41	5.400%		
42	4.800%		
43	4.200%		
44	3.600%		

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

Table 2

Withdrawal Rates—Feed Screws and Tanner Locations

Age	Rate	Age	Rate
25	3.4820%	45	0.8100%
26	3.3390%	46	0.6680%
27	3.1960%	47	0.5260%
28	3.0530%	48	0.3840%
29	2.9100%	49	0.2420%
30	2.7670%	50	0.1000%
31	2.7124%	51	0.0900%
32	2.6578%	52	0.0800%
33	2.6032%	53	0.0700%
34	2.5486%	54	0.0600%
35	2.4940%	55	0.0500%
36	2.4034%	56	0.0400%
37	2.3128%	57	0.0300%
38	2.2222%	58	0.0200%
39	2.1316%	59	0.0100%
40	2.0410%	60+	0.0000%
41	1.7948%		
42	1.5486%		
43	1.3024%		
44	1.0562%		

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

Table 3

Disability Rates

Age	Rate	Age	Rate
25	0.0560%	45	0.2700%
26	0.0590%	46	0.3146%
27	0.0620%	47	0.3592%
28	0.0650%	48	0.4038%
29	0.0680%	49	0.4484%
30	0.0710%	50	0.4930%
31	0.0766%	51	0.5772%
32	0.0822%	52	0.6614%
33	0.0878%	53	0.7456%
34	0.0934%	54	0.8298%
35	0.0990%	55	0.9140%
36	0.1116%	56	1.0252%
37	0.1242%	57	1.1364%
38	0.1368%	58	1.2476%
39	0.1494%	59	1.3588%
40	0.1620%	60+	1.4700%
41	0.1836%		
42	0.2052%		
43	0.2268%		
44	0.2484%		

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

Schedule SB, Part V—Summary of Plan Provisions
Feed Screws Location

Effective Date December 12, 1975. Amended and restated effective January 1, 2015.

Eligibility for Participation Employees are eligible to participate on their date of hire.

Effective August 1, 2014, the plan was closed to new participants.

Normal Retirement Eligibility

Age 65 and five years of service.

Benefit

A monthly benefit of \$37.00 multiplied by years of credited service. Credited service is not to exceed 40 years. For terminations prior to September 1, 2009, credited service was limited to 35 years.

The benefit multiplier history has been:

For Termination Effective	Benefit Accrual Rate Multiplied by Credited Service
Before August 1, 2005	\$26.00
August 1, 2005–July 31, 2006	\$27.00
August 1, 2006–July 31, 2007	\$28.00
August 1, 2007–July 31, 2008	\$29.00
August 1, 2008–July 31, 2010	\$31.00
August 1, 2010–July 31, 2011	\$32.00
August 1, 2011–July 31, 2012	\$33.00
August 1, 2012–July 31, 2013	\$34.00
August 1, 2013–July 31, 2014	\$36.00
August 1, 2014–Present	\$37.00

Early Retirement Eligibility

Age 55 and 10 years of service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 6% for each year early retirement precedes normal retirement.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

Vested Termination

Eligibility

Five years of service.

Benefit

The accrued benefit 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

Age 50 and 15 years of service.

Benefit

The accrued benefit determined as of the date of disability, payable immediately.

Surviving Spouse

Eligibility

Five years of service.

Benefit

A monthly benefit payable to the surviving spouse beginning the first day of the month after death equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity

Without Spouse

Single life annuity.

With 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

Single life annuity
100% joint and survivor annuity
75% joint and survivor annuity
66 $\frac{2}{3}$ % joint and survivor annuity
50% joint and survivor annuity
10-year certain and life annuity

Actuarial Equivalence

Factors as per Appendix 3 of the plan document.

Definitions

Credited Service

A year of service is granted for each computation period in which at least 1,000 hours of service were worked.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

Tanner Location

Effective Date

December 12, 1975. Amended and restated effective January 1, 2015.

Eligibility for Participation

Employees are eligible to participate on their date of hire.

Effective August 1, 2014, the plan was closed to new participants.

Normal Retirement

Eligibility

Age 65.

Benefit

A monthly benefit equal to the sum of (1) plus (2):

- (1) \$29.00 multiplied by years of credited service earned after June 1, 1971.

The benefit multiplier history has been:

For Termination Effective	Benefit Accrual Rate Multiplied by Credited Service
Before June 1, 2007	\$21.00
June 1, 2007–May 31, 2009	\$22.00
June 1, 2009–May 31, 2010	\$23.00
June 1, 2010–July 31, 2011	\$24.00
August 1, 2011–July 31, 2012	\$25.00
August 1, 2012–July 31, 2013	\$26.00
August 1, 2013–July 31, 2014	\$27.00
August 1, 2014–July 31, 2015	\$28.00
August 1, 2015–Present	\$29.00

- (2) \$5.50 multiplied by years of credited service earned prior to June 1, 1971.

For participants hired between June 1, 1969 and June 1, 1971, a supplemental benefit of \$20.00 per month is payable.

For participants hired before June 1, 1969, a supplemental benefit of \$15.00 per month is payable.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

Early Retirement

Eligibility

Age 55 and 10 years of service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 6% for each year early retirement precedes normal retirement.

Vested Termination

Eligibility

Five years of service.

Benefit

The accrued benefit 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

Age 50 and 10 years of service.

Benefit

The accrued benefit determined as of the date of disability, payable immediately.

Surviving Spouse

Eligibility

Five years of service and active on the date of death.

Benefit

A monthly benefit payable to the surviving spouse equal to (1) plus the greater of (2) or (3):

- (1) A lump sum equal to \$100 times credited service, limited to 20 years.
- (2) A married participant who has completed 10 years of service is eligible to receive a monthly benefit beginning the first day of the month the participant would have been eligible for early retirement, equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.
- (3) A married participant who is eligible for early retirement is eligible to receive a monthly benefit beginning immediately, equal to the accrued benefit as of the date of death, reduced for early retirement and spouse coverage. 100% is payable for 10 years and then drops to 50% after 10 years.

Normal Form of Annuity

10-year certain and life annuity.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

Optional Forms of Annuity

100% joint and survivor annuity with 10 years certain
75% joint and survivor annuity with 10 years certain
66 $\frac{2}{3}$ % joint and survivor annuity with 10 years certain
50% joint and survivor annuity with 10 years certain

Actuarial Equivalence

Factors as per Appendix 2 of the plan document.

Definitions

Credited Service

Credited service is defined as all years of employment with the employer.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

New Castle Location

Effective Date December 12, 1975. Amended and restated effective January 1, 2015.

Eligibility for Participation Employees are eligible to participate on their date of hire.

Effective January 31, 2005, the plan was closed to new participants.

Normal Retirement
Eligibility

Age 65.

Benefit

A monthly benefit equal to the sum of (1) plus (2):

- (1) 1.0% of final average earnings up to the Social Security earnings level multiplied by years of credited service.
- (2) 1.5% of final average earnings in excess of the Social Security earnings level multiplied by years of credited service.

Benefit accruals were frozen effective January 31, 2005.

Early Retirement
Eligibility

Age 55 and 15 years of service.

Benefit

A monthly benefit equal to the normal retirement benefit reduced by 6% for each of the first five years early retirement precedes normal retirement and 4% for each of the next five years early retirement precedes normal retirement.

There is no reduction for early retirement for participants that have attained age 62 and have completed 30 years of vesting service.

Vested Termination
Eligibility

Five years of service.

Benefit

The accrued benefit 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.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
EIN: 25-1264175 PN: 005

Disability	
Eligibility	10 years of service.
Benefit	The accrued benefit determined as of the date of disability, payable beginning at age 65.
Surviving Spouse	
Eligibility	Five years of service.
Benefit	A monthly benefit payable to the surviving spouse beginning the first day of the month after death equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.
Normal Form of Annuity	
Without Spouse	Single life annuity.
With 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	Single life annuity 100% joint and survivor annuity 75% joint and survivor annuity 66⅔% joint and survivor annuity 50% joint and survivor annuity 5-year certain and life annuity 10-year certain and life annuity 15-year certain and life annuity
Actuarial Equivalence	Determined on the basis of the Applicable Interest Rate and Mortality Table, as set forth in IRC section 417(e)(3).
Definitions	
Credited Service	Credited service is defined as all service as an eligible employee including periods of disability and leave of absence.
Final Average Earnings	The average of the highest 60 consecutive months of earnings out of the last 120 consecutive months.
Social Security Earnings Level	A flat dollar amount as defined in the plan document.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumptions change:

- A change in the unlimited expected rate of return on plan assets from 6.75% to 6.25%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Retirement Plan of Xaloy Incorporated
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2017

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49			1	1		1				
50-54				2		3	1	4		
55-59			3		1	2	6	2	2	1
60-64			1		1	4	4	4	1	1
65-69									1	1
70+				1						

N-49