Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 09/01/2017 and ending 08/31/2018

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PLYMOUTH TUBE COMPANY WINAMAC PLANT HOURLY-RATED EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1974

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)

PLYMOUTH TUBE COMPANY

29W150 WARRENVILLE ROAD
WARRENVILLE, IL 60555

2b Employer Identification Number (EIN)
38-0933700

2c Plan Sponsor's telephone number
630-393-4424

2d Business code (see instructions)
339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/20/2019	DEBORAH M. LANGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	240
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)**	43
a(2) Total number of active participants at the end of the plan year	**6a(2)**	43
b Retired or separated participants receiving benefits	**6b**	77
c Other retired or separated participants entitled to future benefits	**6c**	33
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	153
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	9
f Total. Add lines **6d** and **6e**.	**6f**	162
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
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 1I

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)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 09/01/2017 and ending 08/31/2018

A Name of plan
PLYMOUTH TUBE COMPANY WINAMAC PLANT HOURLY-RATED EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PLYMOUTH TUBE COMPANY

D Employer Identification Number (EIN)
38-0933700

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	453191	162	09/01/2017	08/31/2018

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	432954

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 09/01/2017 and ending 08/31/2018

▶ **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
PLYMOUTH TUBE COMPANY WINAMAC PLANT HOURLY-RATED EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PLYMOUTH TUBE COMPANY

D Employer Identification Number (EIN)
38-0933700

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

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

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2017

2 Assets:

a Market value	**2a**	8551481
b Actuarial value	**2b**	8242518

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	83	4858272	4858272
b For terminated vested participants	114	2161872	2161872
c For active participants	43	1517849	1517849
d Total	240	8537993	8537993

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**	5.88 %
6 Target normal cost	**6**	6545

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

02/27/2019
Date

KEVIN QUINN, F.S.A.
Type or print name of actuary

17-07972
Most recent enrollment number

AON CONSULTING, INC.
Firm name

312-381-1000
Telephone number (including area code)

200 EAST RANDOLPH STREET, STE. 1400
CHICAGO, IL 60601
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	30936
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	20123
9	Amount remaining (line 7 minus line 8)	0	10813
10	Interest on line 9 using prior year's actual return of 11.00 %	0	1189
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.08%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	12002

Part III Funding Percentages

14	Funding target attainment percentage	14	96.39%
15	Adjusted funding target attainment percentage	15	96.39%
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	99.04%
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
06/15/2018	5000	0			
09/13/2018	5000	0			
02/22/2019	41000	0			
			Totals ► 18(b)	51000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	47176

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	6545
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	307477	52510
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**	59055

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	12002	12002

36 Additional cash requirement (line 34 minus line 35)	**36**	47053
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	47176
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	123
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	123
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

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

For calendar plan year 2017 or fiscal plan year beginning 09/01/2017 and ending 08/31/2018

A Name of plan
PLYMOUTH TUBE COMPANY WINAMAC PLANT HOURLY-RATED EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PLYMOUTH TUBE COMPANY

D Employer Identification Number (EIN)
38-0933700

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

(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 50	TRUSTEE	6692	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 09/01/2017 and ending 08/31/2018

A Name of plan
PLYMOUTH TUBE COMPANY WINAMAC PLANT HOURLY-RATED EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PLYMOUTH TUBE COMPANY

D Employer Identification Number (EIN)
38-0933700

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SEP ACCT-R5

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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)
42-0127290-027	P	432954

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 09/01/2017 and ending 08/31/2018

A Name of plan
PLYMOUTH TUBE COMPANY WINAMAC PLANT HOURLY-RATED EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PLYMOUTH TUBE COMPANY

D Employer Identification Number (EIN)
38-0933700

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9589	46000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	557396	432954
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7998608	6154473
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8565593	6633427
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	4523	3509
k	Total liabilities (add all amounts in lines 1g through1j)	1k	4523	3509
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8561070	6629918

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)	41411	
	(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)		41411
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	253950	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		253950
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		44675
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		162360
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		502396
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2426856	
(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)		2426856
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)	6692	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6692
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2433548
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1931152
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CASSELL PLAN AUDITS, INC. **(2)** EIN: 46-2966358

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4193864. (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 09/01/2017 and ending 08/31/2018

A Name of plan
PLYMOUTH TUBE COMPANY WINAMAC PLANT HOURLY-RATED EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PLYMOUTH TUBE COMPANY

D Employer Identification Number (EIN)
38-0933700

Part I Distributions

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

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

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

EIN(s): 42-0127290 94-1347393

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** 73

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% 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):

Plymouth Tube Company
Winamac Plant
Hourly-Rated Employees' Pension Plan

Financial Report
August 31, 2018

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CASSELL PLAN AUDITS

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Independent Auditor's Report

To the Pension Plan Committee of
Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan
Warrenville, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Plymouth Tube Company Winamac Plant Hourly-Rated Employees' Pension Plan (the Plan), which comprises the statements of net assets available for benefits as of August 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of August 31, 2017, and the related statement of changes in accumulated plan benefits for the year 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 controls 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 the financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion on the Financial Statements

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 6, which was certified or provided by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of August 31, 2018 and 2017, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the Financial Statements

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 the financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), and Schedule H, Line 4j, Schedule of Reportable Transactions as of August 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

Cassell Plan Audits, Inc.

Saint Charles, Illinois
May 17, 2019

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
August 31, 2018 and 2017

	2018	2017
Assets		
Investments		
Mutual funds	**$ 6,154,473**	$ 7,998,608
Pooled separate accounts	**432,954**	557,396
	6,587,427	8,556,004
Receivable, company contribution	**46,000**	9,589
Total assets	**6,633,427**	8,565,593
Liabilities		
Due to broker	**3,509**	4,523
Net Assets Available for Benefits	**$ 6,629,918**	$ 8,561,070

See Notes to Financial Statements.

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended August 31, 2018 and 2017

	2018	2017
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments		
Mutual funds	**$ 162,360**	$ 586,784
Pooled separate accounts	**44,675**	44,043
Interest and dividends	**253,950**	241,620
	460,985	872,447
Company contributions	**41,411**	-
Total additions	**502,396**	872,447
Deductions from net assets attributed to:		
Benefits paid directly to participants	**2,426,856**	494,320
Administrative expenses	**6,692**	6,546
Total deductions	**2,433,548**	500,866
Net (decrease)/increase	**(1,931,152)**	371,581
Net assets available for benefits:		
Beginning of year	**8,561,070**	8,189,489
End of year	**$ 6,629,918**	$ 8,561,070

See Notes to Financial Statements.

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

STATEMENT OF ACCUMULATED PLAN BENEFITS
August 31, 2017

Accumulated present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving benefits	$4,497,659
Vested benefits for other participants	3,302,523
Total actuarial present value of accumulated plan benefits	$7,800,182

See Notes to Financial Statements.

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year Ended August 31, 2017

Actuarial present value of accumulated plan benefits at beginning of year	$7,663,799
Increase (decrease) during the year attributable to	
Benefits paid	(494,320)
Other changes	(38,098)
Assumption changes	149,344
Interest	519,457
Net increase	136,383
Actuarial present value of accumulated plan benefits at end of year	$7,800,182

See Notes to Financial Statements.

Note 1. Plan Description

The following brief description of the Plymouth Tube Company Winamac Plant Hourly-Rated Employees' Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit pension plan that covered all employees of Plymouth Tube Company's (Company) Winamac plant who were members of the collective bargaining unit. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended effective November 1, 2008, such that benefit accruals for employees covered under the Plan ceased. Vested benefits for active employees on November 1, 2008, will be determined as if they had terminated employment on November 1, 2008. Employees not fully vested at November 1, 2008, who are active employees on their subsequent vesting date, will become fully vested in the benefit they earned as of November 1, 2008.

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage (FTAP). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The 2018 AFTAP for the Plan is 96.39 percent using the unit credit cost method. Since the AFTAP is not less than 80 percent for 2018, the benefit restriction rules of PPA do not apply.

Pension benefits: Each member who retires on or after the dates specified below accrues a monthly benefit equal to the benefit rate specified below, multiplied by the sum of their years of benefit accrual to date of termination. A year of benefit accrual was earned during each year in which a participant worked 1,700 hours or more, with fractional years earned (to the nearest one-tenth of a year) when a participant worked between 170 and 1,700 hours.

Retirement Date	Benefit Rate
1/01/74 through 7/08/82	$ 7.00
7/09/82 through 7/12/85	9.25
7/13/85 through 7/12/86	11.00
7/13/86 through 7/12/87	12.00
7/13/87 through 7/08/88	13.00
7/09/88 through 7/09/89	14.00
7/10/89 through 7/09/90	15.00
7/10/90 through 7/13/91	16.00
7/14/91 through 7/06/92	17.00
7/07/92 through 7/05/93	18.00
7/06/93 through 7/09/94	19.00
7/10/94 through 7/10/95	20.00
7/11/95 through 7/08/96	21.00
7/09/96 through 6/30/99	22.00
7/01/99 through 6/30/00	23.00
7/01/00 through 6/30/01	24.00
7/01/01 or after	25.00

Note 1. Plan Description (Continued)

The Plan permits early retirement at ages 58–61 with five years of vesting service. Early retirement payment is reduced by 5/10 of 1 percent for each month prior to normal retirement age.

Participants who terminate service prior to the earlier of age 65 or the completion of five years of service receive no benefits under the Plan.

Payment of benefits: Normal form of retirement benefit payment shall be made under a joint and 50 percent survivor annuity. If the lump-sum actuarial equivalent value of a participant's vested account retirement benefit does not exceed $5,000 at the time benefits are paid, it may be distributed in a lump sum payment form.

Pre-retirement death benefit: In the event of an active married participant's death after the completion of five years of service, it will be assumed the participant had terminated on the day prior to death and elected a joint and 50 percent survivor benefit payable at their normal retirement or early retirement date and died the next day.

Pre-retirement disability benefit: In the event of an active participant who retires from employment due to permanent and total disability, who has five years of service, and who is not eligible for or does not elect to receive an early retirement benefit shall be eligible for a disability retirement benefit equal to 200 percent of his vested accrued benefit on the date of his disability retirement which will be reduced to 100 percent of the participant's vested accrued benefit at normal retirement age.

Note 2. Summary of Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared under the accrual method of accounting.

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 plan assets available for benefits and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the present value of accumulated plan benefits reported in the accompanying financial statements. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Investment valuation and income recognition: The Plan's 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. The Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustees. See Note 4 for discussion of fair value measurements.

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

Note 2. Summary of Accounting Policies (Continued)

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

1. Retired or terminated employees or their beneficiaries.
2. Beneficiaries of employees who have died.
3. Present employees or their beneficiaries.

Benefits payable under all circumstances—retirement, death, disability, and termination of employment–are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial valuation was done by using the beginning-of-the-year method. Therefore, the statement of accumulated plan benefits as of August 31, 2017 is presented from information provided by the actuary as of September 1, 2017. There has been no significant change in the Plan's provisions or coverage from August 31, 2017 to September 1, 2017, and had the valuation been performed as of August 31, 2017, there would be no material differences.

The actuarial present value of accumulated plan benefits is determined by an actuary from AON Consulting under the unit credit method and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of September 1, 2017 were:

1. Life expectancy of participants – RP-2006 for Employees and Healthy Annuitants Mortality Table with Blue Collar Adjustment Using Scale MP-2017.
2. Retirement age assumptions – normal retirement age (65) or age on valuation date, if greater.
3. Investment return – 6.75 percent compounded annually, net of investment expenses.

The Plan's reporting valuation reflects an assumption change in the mortality projection scale from MP-2016 to MP-2017 and a change in the interest rate from 7.00% to 6.75% as of September 1, 2017.

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

Payment of benefits: Benefit payments to participants are recorded when paid.

Administrative expenses: Administrative expenses incurred for trustee, custodial, and other services are paid by the Plan.

Subsequent events: The Plan Administrator has evaluated subsequent events through May 17, 2019, the date the financial statements were available to be issued.

Note 3. Funding Policy

The Plan is a non-contributing participation plan. The employees do not contribute, rather all contributions are made by the Company. It was recommended by the Plan's actuary that the Company make contributions of $59,055 to $7,422,041 and $20,123 to $7,289,193 for the plan years ended August 31, 2018 and 2017, respectively. These recommendations were determined by applying the full funding limitation, which limits the tax-deductible contribution to the excess of the normal cost over the Plan's surplus. Actual contributions were $41,411 and $0, net of pre-funding credits of $9,589 and $0, for the plan years ended August 31, 2018 and 2017, respectively. See Note 9.

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

Note 4. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at August 31, 2018 and 2017.

Mutual funds: Mutual funds are valued at the daily closing price as reported by the fund. Funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The funds held by the Plan are deemed to be actively traded.

Pooled separate accounts: The investments in the insurance company's pooled separate accounts is primarily valued at net asset value (NAV) per share based on quoted market prices of underlying investments. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than reported NAV.

Note 4. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2018 and 2017:

	2018			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 6,154,473	$ -	$ -	$ 6,154,473
Total assets in fair value hierarchy	$ 6,154,473	$ -	$ -	6,154,473
Investment measured at NAV as a practical expedient (a)				432,954
Investments at fair value				$ 6,587,427

	2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 7,998,608	$ -	$ -	$ 7,998,608
Total assets in fair value hierarchy	$ 7,998,608	$ -	$ -	7,998,608
Investment measured at NAV as a practical expedient (a)				557,396
Investments at fair value				$ 8,556,004

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

Note 4. Fair Value Measurements (Continued)

Investment	Fair Value 2018	Fair Value 2017	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts (a)	$ 432,954	$ 557,396	$ -	Once every 30 days	None

(a) This category invests the majority of assets in commercial real estate holdings seeking long-term growth. Investments in this category can be redeemed once every 30 days at the current net asset value per share based on the fair value of the underlying assets. The fair value of investments in this category has been estimated using the net asset value per share of the investments.

Transfers between levels: The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended August 31, 2018 and 2017, there were no transfers between levels.

Note 5. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

A. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire during that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

B. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations (discussed below).

C. All other vested benefits (that is, vested benefits not insured by the PBGC).

D. All nonvested benefits.

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

Note 5. Plan Termination (Continued)

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

Note 6. Information Certified and Provided by Wells Fargo Bank, N.A., the Trustee

Wells Fargo Bank, N.A. (Wells Fargo), the trustee, has reported and certified as to the completeness and accuracy of the investment information for purposes of preparing the financial statements and supplemental schedules related thereto. This information includes investments held at August 31, 2018 and 2017, and net appreciation/(depreciation) in fair value of investments, interest, and dividends for the years then ended. In accordance with the procedures stated in 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the audit of an independent public accountant need not extend to any statement or information prepared and certified by the trustee. The Plan Administrator, therefore, has instructed the independent public accountants to exclude the information certified by the trustee from the scope of their audit.

Note 7. Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated July 10, 2012, that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code (IRC).

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 (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the U.S. federal, state, or local tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Party-in-Interest Transactions

Wells Fargo manages certain funds for the Plan and is the trustee and custodian, as defined by the Plan. Therefore, these are party-in-interest transactions. Fees paid by the Plan for trustee, custodial, and other services amounted to $6,692 and $6,546 for the years ended August 31, 2018 and 2017, respectively.

Certain employees of the Company are performing services for the Plan and are not compensated by the Plan. Certain other expenses of the Plan are paid by the Company.

Note 9. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

EIN: 38-0933700
Plan Number: 002

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
August 31, 2018

(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
		Mutual funds:		
*	Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account	$ 94,481	$ 94,481
	Goldman Sachs	Goldman Sachs Small Cap Value Fund	134,812	178,746
	Hartford Mutual Funds	Hartford Small Cap Growth Fund	125,034	182,844
	Oppenheimer Funds	Oppenheimer Developing Markets Fund	197,492	241,157
	PIMCO	PIMCO Commodity Real Return Strategy Fund	376,126	243,553
	PIMCO	PIMCO Emerging Markets Bond Fund	777,306	677,406
	PIMCO	PIMCO Investment Grade Credit Bond Fund	592,571	590,235
	PIMCO	PIMCO Long-Term Credit Bond Fund	507,918	503,516
	PIMCO	PIMCO Long Duration Total Return Fund	831,529	825,176
	Vanguard	Vanguard Developed Markets Index Fund	522,524	674,466
	Vanguard	Vanguard 500 Index Fund	794,894	1,245,608
	Vanguard	Vanguard High Yield Corporate Fund	719,701	697,285
		Pooled separate accounts:		
	Principal Life Insurance Company	Principal Global Investors U.S. Property Separate Account	242,954	432,954
			$ 5,917,342	$ 6,587,427

* - represents a party-in-interest transaction

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

EIN: 38-0933700
Plan Number: 002

Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended August 31, 2018

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(e) Cost of asset	(f) Current value of asset on transaction date	(g) Net gain or (loss)
Series of transactions	**Mutual funds:**					
Vanguard	Vanguard Developed Markets Index Fund					
	4 purchases	$ 34,605	$ -	$ 34,605	$ 34,605	$ -
	2 sales	-	503,987	394,907	503,987	109,080
Vanguard	Vanguard 500 Index Fund					
	4 purchases	39,507	-	39,507	39,507	-
	8 sales	-	1,169,883	775,808	1,169,883	394,075
*Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account					
	31 purchases	4,341,415	-	4,341,415	4,341,415	-
	22 sales	-	4,293,686	4,293,686	4,293,686	-
Single transactions:	**Mutual funds:**					
PIMCO	PIMCO Investment Grade Credit Bond Fund					
	1 purchase	592,570	-	592,570	592,570	-
PIMCO	PIMCO Long-Term Credit Bond Fund					
	1 purchase	507,918	-	507,918	507,918	-
PIMCO	PIMCO Long Duration Total Return Fund					
	1 purchase	831,529	-	831,529	831,529	-
Vanguard	Vanguard Developed Markets Index Fund					
	1 sale	-	472,487	371,410	472,487	101,077
Vanguard	Vanguard 500 Index Fund					
	1 sale	-	846,383	552,480	846,383	293,903
Vanguard	Vanguard Long-Term Corporate Bond Index ETF Fund					
	1 sale	-	1,594,191	1,561,549	1,594,191	32,642
*Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account					
	1 purchase	2,387,834	-	2,387,834	2,387,834	-
*Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account					
	1 purchase	1,594,191	-	1,594,191	1,594,191	-
*Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account					
	1 sale	-	1,953,249	1,953,249	1,953,249	-
*Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account					
	1 sale	-	1,932,017	1,932,017	1,932,017	-

* - represents a party-in-interest transaction

Schedule SB Attachment (Form 5500)—2017 Plan Year
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

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

Number of Participants

Attained Age	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			1		4					
40-44					2	1				
45-49					2	1	1			
50-54			1		4	3	5			
55-59			1		3		4	1		1
60-64							3	2		
65-69						3				
70+										

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Schedule SB Attachment (Form 5500)—2017 Plan Year
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four month lookback (as of May 2016)
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 lookback (as of May 2016), without regard to interest rate stabilization
1st Segment Rate	1.68%
2nd Segment Rate	3.83%
3rd Segment Rate	4.77%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2017 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are four 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
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

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	7.00% The applicable third segment rate limitation is 6.81%.
2016 Plan Year	7.00% The applicable third segment rate limitation is 6.65%.
Trust Expenses Included in Target Normal Cost	Equal to prior year expenses paid out of trust. For 2017, this is $6,545
Actuarial Method	Standard unit credit cost method
Valuation Date	September 1, 2017

Table 1

Retirement Rates

Age	Rate
64-	0%
65+	100%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	11.9384%	45	7.5447%
16	11.9384%	46	7.0816%
17	11.9384%	47	6.5810%
18	11.9384%	48	6.0394%
19	11.9384%	49	5.4556%
20	11.9384%	50	4.8333%
21	11.8807%	51	4.1842%
22	11.8208%	52	3.5271%
23	11.7584%	53	2.8834%
24	11.6930%	54	2.2762%
25	11.6242%	55	1.7264%
26	11.5515%	56	1.2499%
27	11.4745%	57	0.8557%
28	11.3924%	58	0.5464%
29	11.3046%	59	0.3179%
30	11.2095%	60	0.1614%
31	11.1053%	61	0.0654%
32	10.9903%	62	0.0167%
33	10.8617%	63	0.0000%
34	10.7172%	64	0.0000%
35	10.5540%	65	0.0000%
36	10.3702%	66	0.0000%
37	10.1635%	67	0.0000%
38	9.9328%	68	0.0000%
39	9.6769%	69	0.0000%
40	9.3957%	70	0.0000%
41	9.0862%	71	0.0000%
42	8.7459%	72	0.0000%
43	8.3754%	73	0.0000%
44	7.9749%	74	0.0000%

Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.0000%	45	0.3580%
16	0.0000%	46	0.3580%
17	0.0000%	47	0.3580%
18	0.0770%	48	0.3580%
19	0.0770%	49	0.3580%
20	0.0770%	50	0.6169%
21	0.0770%	51	0.6169%
22	0.0770%	52	0.6169%
23	0.0770%	53	0.6169%
24	0.0770%	54	0.6169%
25	0.0770%	55	1.0750%
26	0.0770%	56	1.0750%
27	0.0770%	57	1.0750%
28	0.0770%	58	1.0750%
29	0.0770%	59	1.0750%
30	0.0909%	60	1.3969%
31	0.0909%	61	1.3969%
32	0.0909%	62	1.3969%
33	0.0909%	63	1.3969%
34	0.0909%	64	1.3969%
35	0.1160%	65	1.3969%
36	0.1160%	66	0.0000%
37	0.1160%	67	0.0000%
38	0.1160%	68	0.0000%
39	0.1160%	69	0.0000%
40	0.2029%	70	0.0000%
41	0.2029%	71	0.0000%
42	0.2029%	72	0.0000%
43	0.2029%	73	0.0000%
44	0.2029%	74	0.0000%

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 09/01/2017 and ending 08/31/2018

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PLYMOUTH TUBE COMPANY WINAMAC PLANT HOURLY-RATED EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1974

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)
PLYMOUTH TUBE COMPANY

29W150 WARRENVILLE ROAD

WARRENVILLE IL 60555

2b Employer Identification Number (EIN)
38-0933700

2c Plan Sponsor's telephone number
630-393-4424

2d Business code (see instructions)
339900

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

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

SIGN HERE	by: Deborah M Lange	5.20.19	DEBORAH M. LANGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	240
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)**	43
a(2) Total number of active participants at the end of the plan year	**6a(2)**	43
b Retired or separated participants receiving benefits	**6b**	77
c Other retired or separated participants entitled to future benefits	**6c**	33
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	153
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	9
f Total. Add lines **6d** and **6e**	**6f**	162
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
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 1I

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)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

Plymouth Tube Company
Winamac Plant
Hourly-Rated Employees' Pension Plan

Financial Report
August 31, 2018

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CASSELL PLAN AUDITS

630.886.7669
409 Illinois Ave., Suite 1B,
St. Charles, IL 60174
www.cassellplanaudits.com

Independent Auditor's Report

To the Pension Plan Committee of
Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan
Warrenville, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Plymouth Tube Company Winamac Plant Hourly-Rated Employees' Pension Plan (the Plan), which comprises the statements of net assets available for benefits as of August 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of August 31, 2017, and the related statement of changes in accumulated plan benefits for the year 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 controls 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 the financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion on the Financial Statements

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 6, which was certified or provided by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of August 31, 2018 and 2017, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the Financial Statements

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 the financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), and Schedule H, Line 4j, Schedule of Reportable Transactions as of August 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

Cassell Plan Audits, Inc.

Saint Charles, Illinois
May 17, 2019

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
August 31, 2018 and 2017

	2018	2017
Assets		
Investments		
Mutual funds	**$ 6,154,473**	$ 7,998,608
Pooled separate accounts	**432,954**	557,396
	6,587,427	8,556,004
Receivable, company contribution	**46,000**	9,589
Total assets	**6,633,427**	8,565,593
Liabilities		
Due to broker	**3,509**	4,523
Net Assets Available for Benefits	**$ 6,629,918**	$ 8,561,070

See Notes to Financial Statements.

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended August 31, 2018 and 2017

	2018	2017
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments		
Mutual funds	**$ 162,360**	$ 586,784
Pooled separate accounts	**44,675**	44,043
Interest and dividends	**253,950**	241,620
	460,985	872,447
Company contributions	**41,411**	-
Total additions	**502,396**	872,447
Deductions from net assets attributed to:		
Benefits paid directly to participants	**2,426,856**	494,320
Administrative expenses	**6,692**	6,546
Total deductions	**2,433,548**	500,866
Net (decrease)/increase	**(1,931,152)**	371,581
Net assets available for benefits:		
Beginning of year	**8,561,070**	8,189,489
End of year	**$ 6,629,918**	$ 8,561,070

See Notes to Financial Statements.

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

STATEMENT OF ACCUMULATED PLAN BENEFITS
August 31, 2017

Accumulated present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving benefits	$4,497,659
Vested benefits for other participants	3,302,523
Total actuarial present value of accumulated plan benefits	$7,800,182

See Notes to Financial Statements.

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year Ended August 31, 2017

Actuarial present value of accumulated plan benefits at beginning of year	$7,663,799
Increase (decrease) during the year attributable to	
Benefits paid	(494,320)
Other changes	(38,098)
Assumption changes	149,344
Interest	519,457
Net increase	136,383
Actuarial present value of accumulated plan benefits at end of year	$7,800,182

See Notes to Financial Statements.

Note 1. Plan Description

The following brief description of the Plymouth Tube Company Winamac Plant Hourly-Rated Employees' Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit pension plan that covered all employees of Plymouth Tube Company's (Company) Winamac plant who were members of the collective bargaining unit. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended effective November 1, 2008, such that benefit accruals for employees covered under the Plan ceased. Vested benefits for active employees on November 1, 2008, will be determined as if they had terminated employment on November 1, 2008. Employees not fully vested at November 1, 2008, who are active employees on their subsequent vesting date, will become fully vested in the benefit they earned as of November 1, 2008.

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage (FTAP). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The 2018 AFTAP for the Plan is 96.39 percent using the unit credit cost method. Since the AFTAP is not less than 80 percent for 2018, the benefit restriction rules of PPA do not apply.

Pension benefits: Each member who retires on or after the dates specified below accrues a monthly benefit equal to the benefit rate specified below, multiplied by the sum of their years of benefit accrual to date of termination. A year of benefit accrual was earned during each year in which a participant worked 1,700 hours or more, with fractional years earned (to the nearest one-tenth of a year) when a participant worked between 170 and 1,700 hours.

Retirement Date	Benefit Rate
1/01/74 through 7/08/82	$ 7.00
7/09/82 through 7/12/85	9.25
7/13/85 through 7/12/86	11.00
7/13/86 through 7/12/87	12.00
7/13/87 through 7/08/88	13.00
7/09/88 through 7/09/89	14.00
7/10/89 through 7/09/90	15.00
7/10/90 through 7/13/91	16.00
7/14/91 through 7/06/92	17.00
7/07/92 through 7/05/93	18.00
7/06/93 through 7/09/94	19.00
7/10/94 through 7/10/95	20.00
7/11/95 through 7/08/96	21.00
7/09/96 through 6/30/99	22.00
7/01/99 through 6/30/00	23.00
7/01/00 through 6/30/01	24.00
7/01/01 or after	25.00

Note 1. Plan Description (Continued)

The Plan permits early retirement at ages 58–61 with five years of vesting service. Early retirement payment is reduced by 5/10 of 1 percent for each month prior to normal retirement age.

Participants who terminate service prior to the earlier of age 65 or the completion of five years of service receive no benefits under the Plan.

Payment of benefits: Normal form of retirement benefit payment shall be made under a joint and 50 percent survivor annuity. If the lump-sum actuarial equivalent value of a participant's vested account retirement benefit does not exceed $5,000 at the time benefits are paid, it may be distributed in a lump sum payment form.

Pre-retirement death benefit: In the event of an active married participant's death after the completion of five years of service, it will be assumed the participant had terminated on the day prior to death and elected a joint and 50 percent survivor benefit payable at their normal retirement or early retirement date and died the next day.

Pre-retirement disability benefit: In the event of an active participant who retires from employment due to permanent and total disability, who has five years of service, and who is not eligible for or does not elect to receive an early retirement benefit shall be eligible for a disability retirement benefit equal to 200 percent of his vested accrued benefit on the date of his disability retirement which will be reduced to 100 percent of the participant's vested accrued benefit at normal retirement age.

Note 2. Summary of Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared under the accrual method of accounting.

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 plan assets available for benefits and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the present value of accumulated plan benefits reported in the accompanying financial statements. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Investment valuation and income recognition: The Plan's 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. The Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustees. See Note 4 for discussion of fair value measurements.

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

Note 2. Summary of Accounting Policies (Continued)

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

1. Retired or terminated employees or their beneficiaries.
2. Beneficiaries of employees who have died.
3. Present employees or their beneficiaries.

Benefits payable under all circumstances—retirement, death, disability, and termination of employment–are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial valuation was done by using the beginning-of-the-year method. Therefore, the statement of accumulated plan benefits as of August 31, 2017 is presented from information provided by the actuary as of September 1, 2017. There has been no significant change in the Plan's provisions or coverage from August 31, 2017 to September 1, 2017, and had the valuation been performed as of August 31, 2017, there would be no material differences.

The actuarial present value of accumulated plan benefits is determined by an actuary from AON Consulting under the unit credit method and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of September 1, 2017 were:

1. Life expectancy of participants – RP-2006 for Employees and Healthy Annuitants Mortality Table with Blue Collar Adjustment Using Scale MP-2017.
2. Retirement age assumptions – normal retirement age (65) or age on valuation date, if greater.
3. Investment return – 6.75 percent compounded annually, net of investment expenses.

The Plan's reporting valuation reflects an assumption change in the mortality projection scale from MP-2016 to MP-2017 and a change in the interest rate from 7.00% to 6.75% as of September 1, 2017.

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

Payment of benefits: Benefit payments to participants are recorded when paid.

Administrative expenses: Administrative expenses incurred for trustee, custodial, and other services are paid by the Plan.

Subsequent events: The Plan Administrator has evaluated subsequent events through May 17, 2019, the date the financial statements were available to be issued.

Note 3. Funding Policy

The Plan is a non-contributing participation plan. The employees do not contribute, rather all contributions are made by the Company. It was recommended by the Plan's actuary that the Company make contributions of $59,055 to $7,422,041 and $20,123 to $7,289,193 for the plan years ended August 31, 2018 and 2017, respectively. These recommendations were determined by applying the full funding limitation, which limits the tax-deductible contribution to the excess of the normal cost over the Plan's surplus. Actual contributions were $41,411 and $0, net of pre-funding credits of $9,589 and $0, for the plan years ended August 31, 2018 and 2017, respectively. See Note 9.

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

Note 4. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at August 31, 2018 and 2017.

Mutual funds: Mutual funds are valued at the daily closing price as reported by the fund. Funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The funds held by the Plan are deemed to be actively traded.

Pooled separate accounts: The investments in the insurance company's pooled separate accounts is primarily valued at net asset value (NAV) per share based on quoted market prices of underlying investments. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than reported NAV.

Note 4. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2018 and 2017:

	2018			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 6,154,473	$ -	$ -	$ 6,154,473
Total assets in fair value hierarchy	$ 6,154,473	$ -	$ -	6,154,473
Investment measured at NAV as a practical expedient (a)				432,954
Investments at fair value				$ 6,587,427

	2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 7,998,608	$ -	$ -	$ 7,998,608
Total assets in fair value hierarchy	$ 7,998,608	$ -	$ -	7,998,608
Investment measured at NAV as a practical expedient (a)				557,396
Investments at fair value				$ 8,556,004

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

Note 4. Fair Value Measurements (Continued)

Investment	Fair Value 2018	Fair Value 2017	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts (a)	$ 432,954	$ 557,396	$ -	Once every 30 days	None

(a) This category invests the majority of assets in commercial real estate holdings seeking long-term growth. Investments in this category can be redeemed once every 30 days at the current net asset value per share based on the fair value of the underlying assets. The fair value of investments in this category has been estimated using the net asset value per share of the investments.

Transfers between levels: The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended August 31, 2018 and 2017, there were no transfers between levels.

Note 5. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

A. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire during that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

B. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations (discussed below).

C. All other vested benefits (that is, vested benefits not insured by the PBGC).

D. All nonvested benefits.

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

Note 5. Plan Termination (Continued)

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

Note 6. Information Certified and Provided by Wells Fargo Bank, N.A., the Trustee

Wells Fargo Bank, N.A. (Wells Fargo), the trustee, has reported and certified as to the completeness and accuracy of the investment information for purposes of preparing the financial statements and supplemental schedules related thereto. This information includes investments held at August 31, 2018 and 2017, and net appreciation/(depreciation) in fair value of investments, interest, and dividends for the years then ended. In accordance with the procedures stated in 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the audit of an independent public accountant need not extend to any statement or information prepared and certified by the trustee. The Plan Administrator, therefore, has instructed the independent public accountants to exclude the information certified by the trustee from the scope of their audit.

Note 7. Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated July 10, 2012, that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code (IRC).

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 (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the U.S. federal, state, or local tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Party-in-Interest Transactions

Wells Fargo manages certain funds for the Plan and is the trustee and custodian, as defined by the Plan. Therefore, these are party-in-interest transactions. Fees paid by the Plan for trustee, custodial, and other services amounted to $6,692 and $6,546 for the years ended August 31, 2018 and 2017, respectively.

Certain employees of the Company are performing services for the Plan and are not compensated by the Plan. Certain other expenses of the Plan are paid by the Company.

Note 9. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

EIN: 38-0933700
Plan Number: 002

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
August 31, 2018

(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
		Mutual funds:		
*	Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account	$ 94,481	$ 94,481
	Goldman Sachs	Goldman Sachs Small Cap Value Fund	134,812	178,746
	Hartford Mutual Funds	Hartford Small Cap Growth Fund	125,034	182,844
	Oppenheimer Funds	Oppenheimer Developing Markets Fund	197,492	241,157
	PIMCO	PIMCO Commodity Real Return Strategy Fund	376,126	243,553
	PIMCO	PIMCO Emerging Markets Bond Fund	777,306	677,406
	PIMCO	PIMCO Investment Grade Credit Bond Fund	592,571	590,235
	PIMCO	PIMCO Long-Term Credit Bond Fund	507,918	503,516
	PIMCO	PIMCO Long Duration Total Return Fund	831,529	825,176
	Vanguard	Vanguard Developed Markets Index Fund	522,524	674,466
	Vanguard	Vanguard 500 Index Fund	794,894	1,245,608
	Vanguard	Vanguard High Yield Corporate Fund	719,701	697,285
		Pooled separate accounts:		
	Principal Life Insurance Company	Principal Global Investors U.S. Property Separate Account	242,954	432,954
			$ 5,917,342	$ 6,587,427

* - represents a party-in-interest transaction

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

EIN: 38-0933700
Plan Number: 002

Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended August 31, 2018

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(e) Cost of asset	(f) Current value of asset on transaction date	(g) Net gain or (loss)
Series of transactions	**Mutual funds:**					
Vanguard	Vanguard Developed Markets Index Fund					
	4 purchases	$ 34,605	$ -	$ 34,605	$ 34,605	$ -
	2 sales	-	503,987	394,907	503,987	109,080
Vanguard	Vanguard 500 Index Fund					
	4 purchases	39,507	-	39,507	39,507	-
	8 sales	-	1,169,883	775,808	1,169,883	394,075
*Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account					
	31 purchases	4,341,415	-	4,341,415	4,341,415	-
	22 sales	-	4,293,686	4,293,686	4,293,686	-
Single transactions:	**Mutual funds:**					
PIMCO	PIMCO Investment Grade Credit Bond Fund					
	1 purchase	592,570	-	592,570	592,570	-
PIMCO	PIMCO Long-Term Credit Bond Fund					
	1 purchase	507,918	-	507,918	507,918	-
PIMCO	PIMCO Long Duration Total Return Fund					
	1 purchase	831,529	-	831,529	831,529	-
Vanguard	Vanguard Developed Markets Index Fund					
	1 sale	-	472,487	371,410	472,487	101,077
Vanguard	Vanguard 500 Index Fund					
	1 sale	-	846,383	552,480	846,383	293,903
Vanguard	Vanguard Long-Term Corporate Bond Index ETF Fund					
	1 sale	-	1,594,191	1,561,549	1,594,191	32,642
*Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account					
	1 purchase	2,387,834	-	2,387,834	2,387,834	-
*Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account					
	1 purchase	1,594,191	-	1,594,191	1,594,191	-
*Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account					
	1 sale	-	1,953,249	1,953,249	1,953,249	-
*Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account					
	1 sale	-	1,932,017	1,932,017	1,932,017	-

* - represents a party-in-interest transaction

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 09/01/2017 and ending 08/31/2018

▶ **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
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Plymouth Tube Company

D Employer Identification Number (EIN)
38-0933700

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

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

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2017

2 Assets:

a Market value	2a	8,551,481
b Actuarial value	2b	8,242,518

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	83	4,858,272	4,858,272
b For terminated vested participants	114	2,161,872	2,161,872
c For active participants	43	1,517,849	1,517,849
d Total	240	8,537,993	8,537,993

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	5.88%
6 Target normal cost	6	6,545

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

Kevin Quinn (KQ)
Signature of actuary

02/27/2019
Date

Kevin Quinn, F.S.A.
Type or print name of actuary

1707972
Most recent enrollment number

Aon Consulting, Inc.
Firm name

312-381-1000
Telephone number (including area code)

200 East Randolph Street, Ste. 1400
Chicago IL 60601
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	30,936
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	20,123
9 Amount remaining (line 7 minus line 8)	0	10,813
10 Interest on line 9 using prior year's actual return of 11.00%	0	1,189
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.08%		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	12,002

Part III Funding Percentages

14 Funding target attainment percentage	14	96.39%
15 Adjusted funding target attainment percentage	15	96.39%
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	99.04%
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
06/15/2018	5,000	0			
09/13/2018	5,000	0			
02/22/2019	41,000	0			
			Totals ► 18(b)	51,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	47,176

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	62

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	6,545
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	307,477	52,510
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	59,055

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	12,002	12,002

36 Additional cash requirement (line 34 minus line 35)	36	47,053
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	47,176

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

a Total (excess, if any, of line 37 over line 36)	38a	123
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	123
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
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2017

Date	Amount	Days to Discount to 9/1/2017 at 5.88%	Interest Adjusted Contribution
June 15, 2018	$ 5,000	287	$ 4,780
September 13, 2018	5,000	377	4,713
February 22, 2019	41,000	539	37,683
Total Contribution	$ 51,000		$ 47,176

Schedule SB Attachment (Form 5500)—2017 Plan Year
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

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

All active participants are assumed to retire at age 62.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four month lookback (as of May 2016)
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 lookback (as of May 2016), without regard to interest rate stabilization
1st Segment Rate	1.68%
2nd Segment Rate	3.83%
3rd Segment Rate	4.77%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2017 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are four 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
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

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	7.00% The applicable third segment rate limitation is 6.81%.
2016 Plan Year	7.00% The applicable third segment rate limitation is 6.65%.
Trust Expenses Included in Target Normal Cost	Equal to prior year expenses paid out of trust. For 2017, this is $6,545
Actuarial Method	Standard unit credit cost method
Valuation Date	September 1, 2017

Schedule SB Attachment (Form 5500)—2017 Plan Year
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

Table 1

Retirement Rates

Age	Rate
64-	0%
65+	100%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	11.9384%	45	7.5447%
16	11.9384%	46	7.0816%
17	11.9384%	47	6.5810%
18	11.9384%	48	6.0394%
19	11.9384%	49	5.4556%
20	11.9384%	50	4.8333%
21	11.8807%	51	4.1842%
22	11.8208%	52	3.5271%
23	11.7584%	53	2.8834%
24	11.6930%	54	2.2762%
25	11.6242%	55	1.7264%
26	11.5515%	56	1.2499%
27	11.4745%	57	0.8557%
28	11.3924%	58	0.5464%
29	11.3046%	59	0.3179%
30	11.2095%	60	0.1614%
31	11.1053%	61	0.0654%
32	10.9903%	62	0.0167%
33	10.8617%	63	0.0000%
34	10.7172%	64	0.0000%
35	10.5540%	65	0.0000%
36	10.3702%	66	0.0000%
37	10.1635%	67	0.0000%
38	9.9328%	68	0.0000%
39	9.6769%	69	0.0000%
40	9.3957%	70	0.0000%
41	9.0862%	71	0.0000%
42	8.7459%	72	0.0000%
43	8.3754%	73	0.0000%
44	7.9749%	74	0.0000%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.0000%	45	0.3580%
16	0.0000%	46	0.3580%
17	0.0000%	47	0.3580%
18	0.0770%	48	0.3580%
19	0.0770%	49	0.3580%
20	0.0770%	50	0.6169%
21	0.0770%	51	0.6169%
22	0.0770%	52	0.6169%
23	0.0770%	53	0.6169%
24	0.0770%	54	0.6169%
25	0.0770%	55	1.0750%
26	0.0770%	56	1.0750%
27	0.0770%	57	1.0750%
28	0.0770%	58	1.0750%
29	0.0770%	59	1.0750%
30	0.0909%	60	1.3969%
31	0.0909%	61	1.3969%
32	0.0909%	62	1.3969%
33	0.0909%	63	1.3969%
34	0.0909%	64	1.3969%
35	0.1160%	65	1.3969%
36	0.1160%	66	0.0000%
37	0.1160%	67	0.0000%
38	0.1160%	68	0.0000%
39	0.1160%	69	0.0000%
40	0.2029%	70	0.0000%
41	0.2029%	71	0.0000%
42	0.2029%	72	0.0000%
43	0.2029%	73	0.0000%
44	0.2029%	74	0.0000%

Schedule SB Attachment (Form 5500)—2017 Plan Year
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

General Information	
Original Effective Date	January 1, 1974
Effective Date of Last Amendment	September 1, 2011
Plan Year	September 1 to August 31
Employer Fiscal Year	January 1 to December 31
Employer ID Number	38-0933700
Plan Number	002
Plan Administrator	Plan Administration Committee
Eligibility	All Winamac Plant employees who are members of their collective bargaining unit of Local 1448 are eligible employees and participate in the plan on their date of employment.
Service	A year of vesting service is credited for each employment year in which an employee works 1,000 hours. A full year of benefit accrual credited service will be earned for each calendar year after the later of September 1, 1985 or his date of hire during which the participant works 1,700 hours or more. A fractional year of benefit accrual credited service (to the nearest one-tenth of a year) will be earned for each plan year a participant works at least 170 hours but less than 1,700 hours. The plan was frozen as of November 1, 2008. After this date no further benefits will accrue.
Normal Retirement Date	Normal retirement date is the first day of the month coinciding with or next following attainment of age 62. For retirements before July 9, 1994, normal retirement date is the first day of the month next following attainment of age 65.

Normal Retirement Benefit

For participants retiring on or after July 2, 1999, the amount of monthly benefit at normal retirement date equals $23.00 multiplied by the participant's total benefit accrual credited service. This multiplier increases as follows:

Years of Service	Benefit Rate
July 2, 1999 through July 1, 2000	$23.00
July 2, 2000 through July 1, 2001	$24.00
July 2, 2001 and thereafter	$25.00

Delayed Retirement

A participant may continue in employment after normal retirement date. In such event, he will receive at actual retirement the actuarial equivalent of his normal retirement benefit, but not less than the amount he would receive if his benefit continued to accrue to his actual retirement date.

Accrued Benefit

The accrued benefit at any time prior to a participant's normal retirement date shall be the normal retirement benefit based on the years of benefit accrual credited service earned to date.

Early Retirement Benefit

Upon the completion of five years of vesting service and the attainment of age 58, a participant may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the benefit accrued at the early retirement date. Payments may begin immediately with the benefit being reduced by 0.5 of 1% for each month by which the payment date precedes the normal retirement date.

Disability Retirement Benefit

A participant who becomes totally and permanently disabled before his normal retirement date and has five or more years of vesting service, may retire and receive a monthly disability retirement benefit payable from his disability date to his normal retirement date equal to twice his accrued benefit on the date of disability. At his normal retirement date, his benefit shall be reduced to equal his accrued benefit.

Death Benefit

In the event of a married participant's death after the completion of five years of vesting service, it will be assumed the participant had terminated on the day prior to death and elected a joint and one-half survivor benefit payable at his normal retirement or early retirement date and died the next day.

Severance Benefit

Upon the termination of employment after five or more years of vesting service, a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

The participant may elect to receive his vested pension at age 58. Such benefit will be reduced as described under Early Retirement Benefit.

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

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
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

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

Number of Participants

Attained Age	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			1		4					
40-44					2	1				
45-49					2	1	1			
50-54			1		4	3	5			
55-59			1		3		4	1		1
60-64							3	2		
65-69						3				
70+										

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Schedule SB Attachment (Form 5500)—2017 Plan Year
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 15,455	September 1, 2015	5	$ 3,348
Shortfall	$ 55,202	September 1, 2016	6	$ 10,273
Shortfall	$ 236,820	September 1, 2017	7	$ 38,889

Schedule SB Attachment (Form 5500)—2017 Plan Year
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2017

Date	Amount	Days to Discount to 9/1/2017 at 5.88%	Interest Adjusted Contribution
June 15, 2018	$ 5,000	287	$ 4,780
September 13, 2018	5,000	377	4,713
February 22, 2019	41,000	539	37,683
Total Contribution	$ 51,000		$ 47,176

Schedule SB Attachment (Form 5500)—2017 Plan Year
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

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

All active participants are assumed to retire at age 62.

Schedule SB Attachment (Form 5500)—2017 Plan Year
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
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Schedule SB Attachment (Form 5500)—2017 Plan Year
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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Plymouth Tube Company
Winamac Plant
Hourly-Rated Employees' Pension Plan

Financial Report
August 31, 2018

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Independent Auditor's Report

To the Pension Plan Committee of
Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan
Warrenville, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Plymouth Tube Company Winamac Plant Hourly-Rated Employees' Pension Plan (the Plan), which comprises the statements of net assets available for benefits as of August 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of August 31, 2017, and the related statement of changes in accumulated plan benefits for the year 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 controls 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 the financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion on the Financial Statements

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 6, which was certified or provided by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of August 31, 2018 and 2017, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the Financial Statements

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 the financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), and Schedule H, Line 4j, Schedule of Reportable Transactions as of August 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

Cassell Plan Audits, Inc.

Saint Charles, Illinois
May 17, 2019

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
August 31, 2018 and 2017

	2018	2017
Assets		
Investments		
Mutual funds	**$ 6,154,473**	$ 7,998,608
Pooled separate accounts	**432,954**	557,396
	6,587,427	8,556,004
Receivable, company contribution	**46,000**	9,589
Total assets	**6,633,427**	8,565,593
Liabilities		
Due to broker	**3,509**	4,523
Net Assets Available for Benefits	**$ 6,629,918**	$ 8,561,070

See Notes to Financial Statements.

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended August 31, 2018 and 2017

	2018	2017
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments		
Mutual funds	**$ 162,360**	$ 586,784
Pooled separate accounts	**44,675**	44,043
Interest and dividends	**253,950**	241,620
	460,985	872,447
Company contributions	**41,411**	-
Total additions	**502,396**	872,447
Deductions from net assets attributed to:		
Benefits paid directly to participants	**2,426,856**	494,320
Administrative expenses	**6,692**	6,546
Total deductions	**2,433,548**	500,866
Net (decrease)/increase	**(1,931,152)**	371,581
Net assets available for benefits:		
Beginning of year	**8,561,070**	8,189,489
End of year	**$ 6,629,918**	$ 8,561,070

See Notes to Financial Statements.

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

STATEMENT OF ACCUMULATED PLAN BENEFITS
August 31, 2017

Accumulated present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving benefits	$4,497,659
Vested benefits for other participants	3,302,523
Total actuarial present value of accumulated plan benefits	$7,800,182

See Notes to Financial Statements.

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year Ended August 31, 2017

Actuarial present value of accumulated plan benefits at beginning of year	$7,663,799
Increase (decrease) during the year attributable to	
Benefits paid	(494,320)
Other changes	(38,098)
Assumption changes	149,344
Interest	519,457
Net increase	136,383
Actuarial present value of accumulated plan benefits at end of year	$7,800,182

See Notes to Financial Statements.

Note 1. Plan Description

The following brief description of the Plymouth Tube Company Winamac Plant Hourly-Rated Employees' Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit pension plan that covered all employees of Plymouth Tube Company's (Company) Winamac plant who were members of the collective bargaining unit. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended effective November 1, 2008, such that benefit accruals for employees covered under the Plan ceased. Vested benefits for active employees on November 1, 2008, will be determined as if they had terminated employment on November 1, 2008. Employees not fully vested at November 1, 2008, who are active employees on their subsequent vesting date, will become fully vested in the benefit they earned as of November 1, 2008.

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage (FTAP). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The 2018 AFTAP for the Plan is 96.39 percent using the unit credit cost method. Since the AFTAP is not less than 80 percent for 2018, the benefit restriction rules of PPA do not apply.

Pension benefits: Each member who retires on or after the dates specified below accrues a monthly benefit equal to the benefit rate specified below, multiplied by the sum of their years of benefit accrual to date of termination. A year of benefit accrual was earned during each year in which a participant worked 1,700 hours or more, with fractional years earned (to the nearest one-tenth of a year) when a participant worked between 170 and 1,700 hours.

Retirement Date	Benefit Rate
1/01/74 through 7/08/82	$ 7.00
7/09/82 through 7/12/85	9.25
7/13/85 through 7/12/86	11.00
7/13/86 through 7/12/87	12.00
7/13/87 through 7/08/88	13.00
7/09/88 through 7/09/89	14.00
7/10/89 through 7/09/90	15.00
7/10/90 through 7/13/91	16.00
7/14/91 through 7/06/92	17.00
7/07/92 through 7/05/93	18.00
7/06/93 through 7/09/94	19.00
7/10/94 through 7/10/95	20.00
7/11/95 through 7/08/96	21.00
7/09/96 through 6/30/99	22.00
7/01/99 through 6/30/00	23.00
7/01/00 through 6/30/01	24.00
7/01/01 or after	25.00

Note 1. Plan Description (Continued)

The Plan permits early retirement at ages 58–61 with five years of vesting service. Early retirement payment is reduced by 5/10 of 1 percent for each month prior to normal retirement age.

Participants who terminate service prior to the earlier of age 65 or the completion of five years of service receive no benefits under the Plan.

Payment of benefits: Normal form of retirement benefit payment shall be made under a joint and 50 percent survivor annuity. If the lump-sum actuarial equivalent value of a participant's vested account retirement benefit does not exceed $5,000 at the time benefits are paid, it may be distributed in a lump sum payment form.

Pre-retirement death benefit: In the event of an active married participant's death after the completion of five years of service, it will be assumed the participant had terminated on the day prior to death and elected a joint and 50 percent survivor benefit payable at their normal retirement or early retirement date and died the next day.

Pre-retirement disability benefit: In the event of an active participant who retires from employment due to permanent and total disability, who has five years of service, and who is not eligible for or does not elect to receive an early retirement benefit shall be eligible for a disability retirement benefit equal to 200 percent of his vested accrued benefit on the date of his disability retirement which will be reduced to 100 percent of the participant's vested accrued benefit at normal retirement age.

Note 2. Summary of Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared under the accrual method of accounting.

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 plan assets available for benefits and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the present value of accumulated plan benefits reported in the accompanying financial statements. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Investment valuation and income recognition: The Plan's 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. The Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustees. See Note 4 for discussion of fair value measurements.

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

Note 2. Summary of Accounting Policies (Continued)

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

1. Retired or terminated employees or their beneficiaries.
2. Beneficiaries of employees who have died.
3. Present employees or their beneficiaries.

Benefits payable under all circumstances—retirement, death, disability, and termination of employment–are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial valuation was done by using the beginning-of-the-year method. Therefore, the statement of accumulated plan benefits as of August 31, 2017 is presented from information provided by the actuary as of September 1, 2017. There has been no significant change in the Plan's provisions or coverage from August 31, 2017 to September 1, 2017, and had the valuation been performed as of August 31, 2017, there would be no material differences.

The actuarial present value of accumulated plan benefits is determined by an actuary from AON Consulting under the unit credit method and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of September 1, 2017 were:

1. Life expectancy of participants – RP-2006 for Employees and Healthy Annuitants Mortality Table with Blue Collar Adjustment Using Scale MP-2017.
2. Retirement age assumptions – normal retirement age (65) or age on valuation date, if greater.
3. Investment return – 6.75 percent compounded annually, net of investment expenses.

The Plan's reporting valuation reflects an assumption change in the mortality projection scale from MP-2016 to MP-2017 and a change in the interest rate from 7.00% to 6.75% as of September 1, 2017.

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

Payment of benefits: Benefit payments to participants are recorded when paid.

Administrative expenses: Administrative expenses incurred for trustee, custodial, and other services are paid by the Plan.

Subsequent events: The Plan Administrator has evaluated subsequent events through May 17, 2019, the date the financial statements were available to be issued.

Note 3. Funding Policy

The Plan is a non-contributing participation plan. The employees do not contribute, rather all contributions are made by the Company. It was recommended by the Plan's actuary that the Company make contributions of $59,055 to $7,422,041 and $20,123 to $7,289,193 for the plan years ended August 31, 2018 and 2017, respectively. These recommendations were determined by applying the full funding limitation, which limits the tax-deductible contribution to the excess of the normal cost over the Plan's surplus. Actual contributions were $41,411 and $0, net of pre-funding credits of $9,589 and $0, for the plan years ended August 31, 2018 and 2017, respectively. See Note 9.

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

Note 4. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at August 31, 2018 and 2017.

Mutual funds: Mutual funds are valued at the daily closing price as reported by the fund. Funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The funds held by the Plan are deemed to be actively traded.

Pooled separate accounts: The investments in the insurance company's pooled separate accounts is primarily valued at net asset value (NAV) per share based on quoted market prices of underlying investments. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than reported NAV.

Note 4. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2018 and 2017:

	2018			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 6,154,473	$ -	$ -	$ 6,154,473
Total assets in fair value hierarchy	$ 6,154,473	$ -	$ -	6,154,473
Investment measured at NAV as a practical expedient (a)				432,954
Investments at fair value				$ 6,587,427

	2017			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 7,998,608	$ -	$ -	$ 7,998,608
Total assets in fair value hierarchy	$ 7,998,608	$ -	$ -	7,998,608
Investment measured at NAV as a practical expedient (a)				557,396
Investments at fair value				$ 8,556,004

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

Note 4. Fair Value Measurements (Continued)

Investment	Fair Value 2018	Fair Value 2017	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts (a)	$ 432,954	$ 557,396	$ -	Once every 30 days	None

(a) This category invests the majority of assets in commercial real estate holdings seeking long-term growth. Investments in this category can be redeemed once every 30 days at the current net asset value per share based on the fair value of the underlying assets. The fair value of investments in this category has been estimated using the net asset value per share of the investments.

Transfers between levels: The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended August 31, 2018 and 2017, there were no transfers between levels.

Note 5. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

A. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire during that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

B. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations (discussed below).

C. All other vested benefits (that is, vested benefits not insured by the PBGC).

D. All nonvested benefits.

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

Note 5. Plan Termination (Continued)

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

Note 6. Information Certified and Provided by Wells Fargo Bank, N.A., the Trustee

Wells Fargo Bank, N.A. (Wells Fargo), the trustee, has reported and certified as to the completeness and accuracy of the investment information for purposes of preparing the financial statements and supplemental schedules related thereto. This information includes investments held at August 31, 2018 and 2017, and net appreciation/(depreciation) in fair value of investments, interest, and dividends for the years then ended. In accordance with the procedures stated in 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the audit of an independent public accountant need not extend to any statement or information prepared and certified by the trustee. The Plan Administrator, therefore, has instructed the independent public accountants to exclude the information certified by the trustee from the scope of their audit.

Note 7. Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated July 10, 2012, that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code (IRC).

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 (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the U.S. federal, state, or local tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Party-in-Interest Transactions

Wells Fargo manages certain funds for the Plan and is the trustee and custodian, as defined by the Plan. Therefore, these are party-in-interest transactions. Fees paid by the Plan for trustee, custodial, and other services amounted to $6,692 and $6,546 for the years ended August 31, 2018 and 2017, respectively.

Certain employees of the Company are performing services for the Plan and are not compensated by the Plan. Certain other expenses of the Plan are paid by the Company.

Note 9. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

EIN: 38-0933700
Plan Number: 002

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
August 31, 2018

(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
		Mutual funds:		
*	Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account	$ 94,481	$ 94,481
	Goldman Sachs	Goldman Sachs Small Cap Value Fund	134,812	178,746
	Hartford Mutual Funds	Hartford Small Cap Growth Fund	125,034	182,844
	Oppenheimer Funds	Oppenheimer Developing Markets Fund	197,492	241,157
	PIMCO	PIMCO Commodity Real Return Strategy Fund	376,126	243,553
	PIMCO	PIMCO Emerging Markets Bond Fund	777,306	677,406
	PIMCO	PIMCO Investment Grade Credit Bond Fund	592,571	590,235
	PIMCO	PIMCO Long-Term Credit Bond Fund	507,918	503,516
	PIMCO	PIMCO Long Duration Total Return Fund	831,529	825,176
	Vanguard	Vanguard Developed Markets Index Fund	522,524	674,466
	Vanguard	Vanguard 500 Index Fund	794,894	1,245,608
	Vanguard	Vanguard High Yield Corporate Fund	719,701	697,285
		Pooled separate accounts:		
	Principal Life Insurance Company	Principal Global Investors U.S. Property Separate Account	242,954	432,954
			$ 5,917,342	$ 6,587,427

* - represents a party-in-interest transaction

Plymouth Tube Company Winamac Plant
Hourly-Rated Employees' Pension Plan

EIN: 38-0933700
Plan Number: 002

Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended August 31, 2018

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(e) Cost of asset	(f) Current value of asset on transaction date	(g) Net gain or (loss)
Series of transactions	**Mutual funds:**					
Vanguard	Vanguard Developed Markets Index Fund					
	4 purchases	$ 34,605	$ -	$ 34,605	$ 34,605	$ -
	2 sales	-	503,987	394,907	503,987	109,080
Vanguard	Vanguard 500 Index Fund					
	4 purchases	39,507	-	39,507	39,507	-
	8 sales	-	1,169,883	775,808	1,169,883	394,075
*Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account					
	31 purchases	4,341,415	-	4,341,415	4,341,415	-
	22 sales	-	4,293,686	4,293,686	4,293,686	-
Single transactions:	**Mutual funds:**					
PIMCO	PIMCO Investment Grade Credit Bond Fund					
	1 purchase	592,570	-	592,570	592,570	-
PIMCO	PIMCO Long-Term Credit Bond Fund					
	1 purchase	507,918	-	507,918	507,918	-
PIMCO	PIMCO Long Duration Total Return Fund					
	1 purchase	831,529	-	831,529	831,529	-
Vanguard	Vanguard Developed Markets Index Fund					
	1 sale	-	472,487	371,410	472,487	101,077
Vanguard	Vanguard 500 Index Fund					
	1 sale	-	846,383	552,480	846,383	293,903
Vanguard	Vanguard Long-Term Corporate Bond Index ETF Fund					
	1 sale	-	1,594,191	1,561,549	1,594,191	32,642
*Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account					
	1 purchase	2,387,834	-	2,387,834	2,387,834	-
*Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account					
	1 purchase	1,594,191	-	1,594,191	1,594,191	-
*Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account					
	1 sale	-	1,953,249	1,953,249	1,953,249	-
*Wells Fargo Bank, N.A.	Wells Fargo Bank Collateralized Institutional Bank Deposit Account					
	1 sale	-	1,932,017	1,932,017	1,932,017	-

* - represents a party-in-interest transaction

Schedule SB Attachment (Form 5500)—2017 Plan Year
Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan
EIN: 380933700 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 15,455	September 1, 2015	5	$ 3,348
Shortfall	$ 55,202	September 1, 2016	6	$ 10,273
Shortfall	$ 236,820	September 1, 2017	7	$ 38,889