

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2017 or fiscal plan year beginning <u>11/15/2017</u> and ending <u>12/31/2017</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☒ the first return/report ☐ the final return/report	
	☒ an amended return/report ☒ a short plan year return/report (less than 12 months)		
C	If the plan is a collectively-bargained plan, check here. ▶ ☒		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES</u>	1b	Three-digit plan number (PN) ▶ <u>044</u>
		1c	Effective date of plan <u>11/15/2017</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HUSSMANN CORPORATION</u> <u>12999 ST. CHARLES ROCK ROAD</u> <u>BRIDGETON, MO 63044</u>	2b	Employer Identification Number (EIN) <u>43-0156220</u>
		2c	Plan Sponsor's telephone number <u>314-291-2000</u>
		2d	Business code (see instructions) <u>333410</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/08/2019	LEA BECHARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1676
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) 880
a(2) Total number of active participants at the end of the plan year	6a(2) 877
b Retired or separated participants receiving benefits	6b 290
c Other retired or separated participants entitled to future benefits	6c 490
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1657
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 37
f Total. Add lines 6d and 6e	6f 1694
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 2
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:

1A 3H 1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2017 or fiscal plan year beginning 11/15/2017 and ending 12/31/2017

▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES	B Three-digit plan number (PN) ▶ 044
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HUSSMANN CORPORATION	D Employer Identification Number (EIN) 43-0156220

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I	Basic Information
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1 Enter the valuation date: Month 11 Day 15 Year 2017			
2 Assets:			
a Market value	2a	129019595	
b Actuarial value	2b	129019595	
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	296	49740199	49740199
b For terminated vested participants	501	17507114	17507114
c For active participants	880	72887732	75895344
d Total	1677	140135045	143142657
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	5.95 %	
6 Target normal cost	6	121369	

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	11/09/2018
JULIE HUPPERTS		Date
	Type or print name of actuary	17-06632
MERCER		Most recent enrollment number
	Firm name	314-588-2520
701 MARKET STREET SUITE 1100 ST. LOUIS, MO 63101		Telephone number (including area code)
	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)	9121504	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	
9 Amount remaining (line 7 minus line 8)	9121504	0
10 Interest on line 9 using prior year's actual return of 0.00 %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
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 0.00 %		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		
12 Other reductions in balances due to elections or deemed elections	0	
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9121504	0

Part III Funding Percentages

14 Funding target attainment percentage	14	84.44%
15 Adjusted funding target attainment percentage	15	84.44%
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	96.56%
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
09/12/2018	15200000	0			
Totals ►			18(b)	15200000	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	13780822

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	121369	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	23244566		523201
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	644570	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	580113		580113
36 Additional cash requirement (line 34 minus line 35)	36	64457	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	13780822	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	13716365	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	580113	
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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.
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For calendar plan year 2017 or fiscal plan year beginning 11/15/2017 and ending 12/31/2017

A Name of plan <u>HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES</u>	B Three-digit plan number (PN) ► <u>044</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HUSSMANN CORPORATION</u>	D Employer Identification Number (EIN) <u>43-0156220</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: HUSSMANN CORP MASTER PENSION TRUST

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

c EIN-PN <u>82-6665041-000</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>124949311</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM CREDIT BOND INDEX NL

b Name of sponsor of entity listed in (a): BLACK ROCK INSTITUTIONAL TRUST COMP

c EIN-PN <u>26-3797251-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36482454</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI EQUITY INDEX PU

b Name of sponsor of entity listed in (a): BLACK ROCK INSTITUTIONAL TRUST COMP

c EIN-PN <u>26-3816145-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>65102526</u>
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>11/15/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>HUSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>044</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HUSMANN CORPORATION</u>	D Employer Identification Number (EIN) <u>43-0156220</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	15200000
	(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)		
	(11) Value of interest in master trust investment accounts	1c(11)	0	124949311
	(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)	0	11865242
	(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	0 152014553
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	0 152014553

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	15200000
	(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)	15200000
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)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		275953
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		15475953

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15475953
l Transfers of assets:			
(1) To this plan.....	2l(1)		136538600
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
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 4149416. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 11/15/2017 and ending 12/31/2017		
A Name of plan HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES		B Three-digit plan number (PN) ▶ 044
C Plan sponsor's name as shown on line 2a of Form 5500 HUSSMANN CORPORATION		D Employer Identification Number (EIN) 43-0156220
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): 13-3689044		
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 12
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Stock: 50.0% Investment-Grade Debt: 30.0% High-Yield Debt: _____% Real Estate: _____% Other: 20.0%

- 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):

Schedule SB, line 26 — Schedule of Active Participant Data

ATTAINED AGE	YEARS OF CREDITED SERVICE										
	UNDER 1	1–4	5–9	10– 14	15– 19	20– 24	25– 29	30– 34	35– 39	40 & UP	TOTAL
Under 25											
25–29											
30–34				1							1
35–39				3	9	1					13
40–44				10	22	25					57
45–49			5	15	36	39	36	2			133
50–54			7	25	40	45	56	43	4		220
55–59			9	14	39	50	59	45	62	6	284
60–64				1	6	28	28	21	36	14	134
65–69					2	3	7	10	6	4	32
70 & up						2		2	1	1	6
Total			21	69	154	193	186	123	109	25	880

In each cell, the top number is the count of active participants for each age/service combination.

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

ACTUARIAL ASSUMPTIONS

DISCOUNT RATE SPONSOR ELECTIONS

• Segment rates or full yield curve	Segment		
• Look-back months	4		
	Stabilized	Nonstabilized	
• First 5 years	4.16%	1.52%	
• Next 15 years	5.72%	3.80%	
• Over 20 years	6.48%	4.79%	

MORTALITY SPONSOR ELECTIONS

• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and non-annuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
• Disabled participants	<u>Salaried and Non-Bargaining Employees</u> : Same as healthy
– Pre- 1995 disabilities	<u>Bargaining Employees</u> : Revenue Ruling 96-7 table for participant who became disabled before 1995
– Post- 1994 disabilities	Revenue Ruling 96-7 table for participant who became disabled after 1994 and are eligible for Social Security disability benefits

417(E) LUMP SUMS

Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality

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

OTHER ECONOMIC ASSUMPTIONS	
• Salary increases	Not applicable
• Social Security wage base increases	Not applicable
• Inflation	Not applicable
• Expected investment return	7.00% per year
• Expenses	\$660,000 added to current year normal cost

RATIONALE FOR ECONOMIC ASSUMPTIONS

- Expected investment return – The expected rate of return on plan assets is based on a blend of the hypothetical past performance of the plan's target asset mix, and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's Target asset mix. The expected return on assets assumption is net of an adjustment of 20 bps for expenses to be paid from plan assets.
- Expenses – The amount is based on the average noninvestment-related (and non-PBGC Premium) expenses that were paid out of the plan in the past three fiscal years and the expected change in PBGC premiums from the prior year to the current year.

DEMOGRAPHIC ASSUMPTIONS

• Withdrawal	See table of sample rates. In addition, the rates of withdrawal used for the first three years of service are 30%, 25% and 20%, respectively.
• Disability incidence	<u>Salaried and Non-bargaining employees</u> – 1985 Wyatt Pension Disability Study Unisex Class One rates of disablement <u>Bargaining Employees</u> – 1985 Wyatt Pension Disability Study Unisex Class Three rates of disablement

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

<ul style="list-style-type: none"> Retirement rates 		
	Attained age	Percentage Salaried and Non-Bargaining Employees
	Under 55	0%
	55	2%
	56	2%
	57	2%
	58	2%
	59	2%
	60	0%
	61	0%
	62	44%
	63	10%
	64	11%
	65 and above	100%
	Attained age	Percentage Bargaining employees
	Under 55	0%
	55	3%
	56	3%
	57	3%
	58	3%
	59	3%
	60	6%
	61	6%
	62	26%
	63	9%
	64	10%
	65 and above	100%
<ul style="list-style-type: none"> Benefit commencement age for 		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Future vested deferred 	65	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Current vested deferred 	65	

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

• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>	
– Percentage married	85%	55%	
– Spouse age difference	3 years younger	3 years older	
FORM OF PAYMENT			
<u>Salaried and Non-Bargaining Employees</u>	<u>Lump sum*</u>	<u>10 Year Certain and life</u>	<u>50% J&S</u>
• Active retirements	67%	33%	0%
• Future vested deferred	100%	0%	0%
• Future disabilities	100%	0%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	0%	100%	0%
*The lump sum payable is assumed to be the greater of i. the immediate life annuity multiplied by 10, and ii. the actuarially equivalent lump sum of the deferred life annuity, determined using interest rates based on the 3 segment rates used for determination of the Funding Target and the applicable mortality under 417(e) .			
<u>Bargaining Employees</u>	<u>Lump sum</u>	<u>10 Year Certain and life</u>	<u>50% J&S</u>
• Active retirements	0%	100%	0%
• Future vested deferred	0%	100%	0%
• Future disabilities	0%	100%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	0%	100%	0%
UNPREDICTABLE CONTINGENT EVENT ASSUMPTIONS	Not applicable		

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Table of Sample Rates**

ATTAINED AGE	WITHDRAWAL
20	14.9%
25	9.9%
30	6.9%
35	4.9%
40	2.8%
45	1.7%
50	0.4%
55	0.0%

RATIONALE FOR DEMOGRAPHIC ASSUMPTIONS

- **Withdrawal** – Withdrawal rates have been developed based on the actuary's experience with similar plans. Annual review of the experience gains and losses has shown that these rates provide similar results to the actual rates of withdrawal experienced under the plan.
- **Disability incidence** – Disability rates were based on published tables for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions.
- **Retirement rates** – Retirement rates have been developed based on the actuary's experience with similar plans and the retirement subsidies the plan offers at various ages. Annual review of the experience gains and losses has shown that these rates provide similar results to the actual rates of retirement experienced under the plan.
- **Form of Payment** – Form of payment rates have been developed based on the actuary's experience with similar plans. Annual review of the experience gains and losses has shown that these rates provide similar results to the actual rates of retirement experienced under the plan.

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***ACTUARIAL METHODS****Asset Methods**

Since the plan was effective November 15, 2017, the actuarial value of asset is equal to the market value of asset as of January 1, 2017. Prospectively, the below asset valuation method will apply.

The asset valuation method is an average of the adjusted market value for each year during the last two year preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

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

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning	11/15/2017	and ending	12/31/2017
▶ Round off amounts to nearest dollar.			
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			

A Name of plan HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES	B Three-digit plan number (PN) ▶	044
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Hussmann Corporation	D Employer Identification Number (EIN) 43-0156220	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value.....	2a	129,019,595	
b Actuarial value	2b	129,019,595	
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	296	49,740,199	49,740,199
b For terminated vested participants	501	17,507,114	17,507,114
c For active participants	880	72,887,732	75,895,344
d Total	1,677	140,135,045	143,142,657
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	5.95%	
6 Target normal cost	6	121,369	

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 Julie Hupperts Signature of actuary Type or print name of actuary Mercer Firm name 701 Market Street Suite 1100 St. Louis MO 63101 Address of the firm	 10-15-18 Date 1706632 Most recent enrollment number 314-588-2520 Telephone number (including area code)
--	--

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).....	9,121,504	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	
9 Amount remaining (line 7 minus line 8).....	9,121,504	0
10 Interest on line 9 using prior year's actual return of <u>0.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
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 _____%		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		
12 Other reductions in balances due to elections or deemed elections	0	
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	9,121,504	0

Part III Funding Percentages

14 Funding target attainment percentage	14	84.44%
15 Adjusted funding target attainment percentage	15	84.44%
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	96.56%
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
09/12/2018	15,200,000	0			
Totals ▶			18(b)	15,200,000	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	13,780,822

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.16 %2nd segment:
5.72 %3rd segment:
6.48 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b****22** Weighted average retirement age**22****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**

121,369

b Excess assets, if applicable, but not greater than line 31a**31b****32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

15,805,433

523,201

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**

0

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34**

644,570

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.....

0

36 Additional cash requirement (line 34 minus line 35).....**36**

644,570

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

13,780,822

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

13,136,252

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

4,302,768

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
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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 11/15/2017 and ending 12/31/2017▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES	B Three-digit plan number (PN) ▶ <u>044</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Hussmann Corporation	D Employer Identification Number (EIN) 43-0156220
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>11</u> Day <u>15</u> Year <u>2017</u>			
2 Assets:			
a Market value.....	2a	129,019,595	
b Actuarial value	2b	129,019,595	
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	296	49,740,199	49,740,199
b For terminated vested participants	501	17,507,114	17,507,114
c For active participants	880	72,887,732	75,895,344
d Total	1,677	140,135,045	143,142,657
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	5.95%	
6 Target normal cost	6	121,369	

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	<u>Julie Hupperts</u> 	<u>11/09/2018</u>
Signature of actuary		Date
<u>Julie Hupperts</u>		<u>1706632</u>
Type or print name of actuary		Most recent enrollment number
<u>Mercer</u>		<u>314-588-2520</u>
Firm name		Telephone number (including area code)
<u>701 Market Street</u>		
<u>Suite 1100</u>		
<u>St. Louis MO 63101</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2017**

(b) Prefunding balance

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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	121,369	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	23,244,566	523,201	
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	644,570	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	580,113		580,113
36 Additional cash requirement (line 34 minus line 35).....	36	64,457	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	13,780,822	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	13,716,365	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	580,113	
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, line 22 — Description of Weighted Average Retirement Age
For Salaried and Non-Bargaining Employees

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

56% Active Employees

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2.00%	10,000	200.00	11,000
56	2.00%	9,800	196.00	10,976
57	2.00%	9,604	192.00	10,944
58	2.00%	9,412	188.00	10,904
59	2.00%	9,224	184.00	10,856
60	0.00%	9,040	-	-
61	0.00%	9,040	-	-
62	44.00%	9,040	3,978.00	246,636
63	10.00%	5,062	506.00	31,878
64	11.00%	4,556	501.00	32,064
65	100.00%	4,055	4,055.00	263,575
Total			10,000.00	628,833
Average				62.88

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

44% Active Employees

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	3.00%	10,000	300.00	16,500
56	3.00%	9,700	291.00	16,296
57	3.00%	9,409	282.00	16,074
58	3.00%	9,127	274.00	15,892
59	3.00%	8,853	266.00	15,694
60	6.00%	8,587	515.00	30,900
61	6.00%	8,072	484.00	29,524
62	26.00%	7,588	1,973.00	122,326
63	9.00%	5,615	505.00	31,815
64	10.00%	5,110	511.00	32,704
65	100.00%	4,599	4,599.00	298,935
Total			10,000.00	626,660
Average				62.67

The average weighted retirement age shown in Schedule SB, Line 22 is 63.

*Schedule SB, Line 7 — Explanation of Discrepancy in the Prior Year Funding Standard
Carryover Balance or Prefunding Balance*

The credit balance as of November 15, 2017 was determined as part of the asset allocation under Section 4044. The Market Value of Assets was first allocated according to Section 4044. Then the Market Value less the total Credit Balance was allocated. The difference represents the credit balance at November 15, 2017 of \$9,121,504.

Line 15, Reconciliation of Difference Between Valuation Results and Amounts Used to Calculate AFTAP

The following schedule shows each AFTAP that was certified or recertified for the 2017 plan year, the date made, and a description of the AFTAP change:

CERTIFICATION DATE	AFTAP	UPDATE DESCRIPTION
12/29/2017	83.55%	The December 29, 2017 AFTAP value of 83.55% was calculated based on an estimate of the 4044 allocation of assets. Line 15 reflects 84.44%, which reflects the final asset allocation.

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

OMB No. 1545-0212

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

File With IRS Only

Part I Identification

A	Name of filer, plan administrator, or plan sponsor (see instructions) Husmann Corporation Number, street, and room or suite no. (If a P.O. box, see instructions) 12999 Saint Charles Rock Road City or town, state, and ZIP code Bridgeton, MO 63044	B	Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 43-0156220 Social security number (SSN) (9 digits XXX-XX-XXXX)		
C	Plan name Husmann Pension Plan for Certain Active and Inactive Employees	Plan number	Plan year ending—		
			MM	DD	YYYY
		0 4 4	12	31	2017

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

- 1 ☒ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2 I request an extension of time until 1 0 / 1 5 / 2 0 1 8 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 1 0 / 1 5 / 2 0 1 8 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

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

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

- 4 I request an extension of time until ____ / ____ / ____ to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax ► **a** _____
- b Enter the payment amount attached ► **b** _____
- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ► **c** _____
- 5 **State in detail why you need the extension:**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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

Signature ►

Date ►

Husmann Pension Plan for Certain Active and Inactive Employees Schedule SB Attachment

The Husmann Pension Plan for Certain Active and Inactive Employees was spun off of the Husmann Corporation Retirement Plan as of November 15, 2017. The valuation date on the Schedule SB is listed as November 15, 2017 for consistency with the fiscal year beginning date. However, please note that liabilities and assets on the Schedule SB were calculated as of January 1, 2017. The credit balance is shown as of November 15, 2017, the beginning of the plan year.

*Schedule SB, Part V — Summary of Plan Provisions***SUMMARY OF MAJOR PLAN PROVISIONS – SALARIED AND NON-BARGAINING**

Effective date and plan year	<p>Original plan: January 1, 1981</p> <p>Restated plan: November 15, 2017 (Spinoff date from original plan)</p> <p>Plan year: Calendar year. First plan year November 15, 2017 – December 31, 2017.</p>
Status of the plan	<p>Effective December 31, 1999, the Hussmann Corporation Retirement Plan for Hourly Employees and the Hussmann Corporation Pension Plan for Hourly Paid Branch Service and Installation Employees were merged into the Hussmann Corporation Retirement Plan for Salaried Employees. The Salaried Plan was amended and restated to provide for the mergers and to change its name to the Hussmann International, Inc., Retirement Plan. The plan was amended effective January 1, 2005, to change the benefit multiplier for Bridgeton active participants, and January 1, 2006 to change the benefit multiplier for Gloversville active participants. The plan was amended effective January 1, 2010 to exclude from participation all salaried and non-bargaining employees hired after December 31, 2009.</p> <p>The plan was amended effective October 1, 2011 to commence participation for all salaried and nonbargained employees hired after December 31, 2009 and to change its name from the Hussmann International, Inc. Retirement Plan to the Hussmann Corporation Retirement Plan.</p> <p>The plan was amended August 1, 2012 to close participation to all salaried and non-bargained employees hired or rehired after July 31, 2012.</p> <p>The plan was amended effective January 1, 2014 to freeze benefit accruals for non-bargaining employees.</p> <p>The plan was restated effective January 1 2016.</p>

Schedule SB, Part V — Summary of Plan Provisions

	Effective November 15, 2017, the Hussmann Corporation Retirement Plan was divided into three plans. Certain active and inactive employees, as well as certain surviving spouses, surviving beneficiaries, and alternate payees, were spun-off from the Hussmann Corporation Retirement Plan into this Plan.
Significant events that occurred during the year	None
DEFINITIONS	
<ul style="list-style-type: none"> Coverage and Participation 	<p>Each employee employed by the Company becomes a member of the plan as of his date of employment excluding, however, except as otherwise provided in the plan:</p> <ul style="list-style-type: none"> Members of a collective bargaining unit or employees accruing benefits under any other retirement plan of the Company Salaried employees under the age of 21 <p>Effective December 31, 2002, the Refrigeration Engineering, Inc. (REI) Retirement Plan was merged into this Plan.</p> <p>Effective January 1, 2003, certain non-bargaining hourly employees of National Refrigeration Systems (NRS) became participants of the Plan. These participants receive accruals under the plan for future service only commencing on or after January 1, 2003.</p> <p>Effective January 1, 2010, participation is closed to all salaried and non-bargaining hourly employees hired after December 31, 2009.</p> <p>Effective October 1, 2011, employees of Hussmann Corporation hired or rehired after December 31, 2009 became eligible to participate in the plan following the sale of the company by Ingersoll Rand. These employees will accrue a benefit under the plan based on credited service earned after October 1, 2011.</p>

Schedule SB, Part V — Summary of Plan Provisions

	Effective August 1, 2012, all salaried and non-bargained hourly employees hired or rehired after July 31, 2012 will not participate in the plan.
• Final average earnings	The highest average of annual compensation for a 5 consecutive calendar year period during the last 10 calendar years preceding the date of termination of employment, divided by 12.
NORMAL RETIREMENT	
• Eligibility	The first day of the month coincident with or next following the attainment of age 65.
• Benefit	<p>The monthly benefit payable as a single life annuity at Normal Retirement Date is equal to the greater of (a) & (b) defined below :</p> <ul style="list-style-type: none"> (a) 0.5% of the Final Average Pay times all years of credited service (b) Sum of the following benefits : <ul style="list-style-type: none"> (i) The monthly accrued benefit at December 31, 2002 under the plan provisions in effect on December 31, 2002. For employees of REI, the frozen accrued benefit as of December 31, 2002 under the Refrigeration Engineering, Inc. Retirement Plan. (ii) 0.5% of the Final Average Pay times years of credited service earned after December 31, 2002 (iii) Transition Benefit - 0.5% of the Final Average Pay times years of credited service earned after December 31, 2002 up to a maximum of ten years. This transition benefit applies only to salaried employees who were participants in this plan on December 31, 2002, are at least age 45 and whose age plus service exceeds 55 on January 1, 2003 and does not apply to REI employees.

Schedule SB, Part V — Summary of Plan Provisions

EARLY RETIREMENT	
• Eligibility	Employees who have completed five or more years of service
• Benefit	The early retirement benefit is equal to the normal retirement benefit reduced by 0.3% for each whole calendar month that the benefit commencement date precedes the normal retirement date, provided that the reduction not exceed 85%.
LATE RETIREMENT	
	Not applicable
• Eligibility	Actual retirement may be deferred.
• Benefit	The benefit will be same as the normal retirement benefit.
DEFERRED VESTED	
• Eligibility	Upon termination of employment after completion of five or more years of vesting service, an employee shall be eligible for a pension commencing at age 65.
• Benefit	<p>The normal retirement benefit payable at NRD. The benefit payable at any date earlier than age 65 is calculated in the same manner as an early retirement benefit.</p> <p>The benefit is payable as a lump sum or immediate life annuity or, for a married individual, as a qualified joint and survivor annuity unless a lump sum is elected.</p>
DISABILITY	
• Eligibility	Any vested participant who becomes disabled after December 31, 2003.
• Benefit	The benefit is same as described under deferred vested.
PRE-RETIREMENT DEATH	
• Eligibility	A married vested participant who dies shall be eligible for death benefit

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Benefit prior to early retirement 	<p>The pre-retirement death benefit payable to the designated beneficiary of an unmarried employee on his date of death is equal to 50% of the benefit which would be payable to the participant had the participant separated from service on the date of death and elected to commence a single life annuity, payable as a lump sum.</p> <p>The pre-retirement death benefit payable to the surviving spouse of a participant who is married on his date of death is equal to 50% of the benefit that would be payable to the participant had the participant separated from service on the date of death, survived to the benefit commencement date elected by the spouse and elected to commence a single life annuity.</p>
<ul style="list-style-type: none"> Benefit after early but before normal retirement 	<p>The beneficiary will be paid under the optional forms of benefit payment elected by the employee. All optional forms are actuarially equivalent to a life annuity form of payment.</p> <p>Payments will commence on the first day of the month following the month in which the employee's death occurs.</p>
UNPREDICTABLE CONTINGENT EVENT BENEFITS	Not Applicable
FORM OF BENEFITS	
<ul style="list-style-type: none"> Automatic form for unmarried participants 	Single life annuity with a ten year payment guarantee
<ul style="list-style-type: none"> Automatic form for married participants 	50% contingent annuity (actuarially reduced).

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none">Optional forms	<p>Optional forms of payment include a lump sum payment; a contingent annuity and a life with term certain annuity.</p> <p>If eligible for early retirement, an employee may also choose to receive his benefit under the Social Security level benefit option if he retires at or after age 55 with at least 15 years of service.</p> <p>In case of pre-retirement death, the surviving spouse may elect to receive the pre-retirement death benefit in a lump sum in lieu of a life annuity. For unmarried participants the benefit is paid as a lump sum.</p>
<ul style="list-style-type: none">Optional form conversion factors	Converted using Actuarial Equivalence. Lump sum use 417(e) (3) rates and mortality.
MISCELLANEOUS	
<ul style="list-style-type: none">Maximum compensation	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017, the limit is \$215,000.

*Schedule SB, Part V — Summary of Plan Provisions***SUMMARY OF MAJOR PLAN PROVISIONS – HOURLY AND BARGAINING**

Effective date and plan year	<p>Original plan: May 1, 1963</p> <p>Restated plan: November 15, 2017 (Spinoff date from original plan)</p> <p>Plan year: Calendar year</p>
Status of the plan	<p>The plan has ongoing benefit and service accruals and newly hired participants are eligible to participate in the plan.</p> <p>The plan was restated effective January 1, 2016 to include coincident change in benefit multiplier for Bridgeton active participants.</p> <p>Effective November 15, 2017, the Hussmann Corporation Retirement Plan was divided into three plans. Certain active and inactive employees, as well as certain surviving spouses, surviving beneficiaries, and alternate payees, were spun-off from the Hussmann Corporation Retirement Plan into this Plan.</p>
Significant events that occurred during the year	None
DEFINITIONS	
• Covered employees	All hourly-paid employees designated as eligible in an Adoption Agreement.
• Participation	An Employee shall be eligible to become an active Participant on the later of his date of employment or the effective date of the Adoption Agreement which pertains to him.
• Employee contributions	None
• Vesting service	Except as specified in the appropriate Adoption Agreement, the period of time between an Employee's employment commencement date and his severance from service date.

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none">Credited service	<p>One month for each month an employee works at least one hour of service beginning with the later of date of hire or group participation date and ending with date of termination. No service is granted prior to the following dates:</p> <table><tr><td><u>Location</u></td><td><u>Earliest Date of Credited</u></td></tr><tr><td>Atlanta Georgia Systems</td><td>May 1, 1987</td></tr><tr><td>Gloversville</td><td>January 1, 1980</td></tr><tr><td>Montgomery</td><td>September 1, 1979</td></tr></table>	<u>Location</u>	<u>Earliest Date of Credited</u>	Atlanta Georgia Systems	May 1, 1987	Gloversville	January 1, 1980	Montgomery	September 1, 1979
<u>Location</u>	<u>Earliest Date of Credited</u>								
Atlanta Georgia Systems	May 1, 1987								
Gloversville	January 1, 1980								
Montgomery	September 1, 1979								
NORMAL RETIREMENT									
<ul style="list-style-type: none">Eligibility	<p>Age 65 with three years of Continuous Service for Bridgeton. Age 65 for other hourly locations.</p>								

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	As specified in the Adoption Agreement. For each year of Credited Service, the monthly benefit is determined by the applicable multiplier:		
	<u>Location</u>	<u>Employees' termination on or after</u>	<u>Benefit Multiplier</u>
	Atlanta	1/1/1996	\$10.00
	Bridgeton	1/1/1998	\$24.00
		1/1/1999	\$26.00
		1/1/2000	\$29.00
		1/1/2002	\$31.00
		1/1/2004	\$32.00
		1/1/2005	\$35.00
		1/1/2006	\$36.00
		1/1/2009	\$39.00
		1/1/2013	\$41.00
		1/1/2015	\$42.00
	Gloversville	1/1/2016	\$43.00
		1/1/1998	\$15.00
		1/1/1999	\$15.25
		1/1/2000	\$15.75
		1/1/2001	\$16.00
		1/1/2002	\$16.50
		1/1/2003	\$16.75
		1/1/2004	\$17.10
		1/1/2005	\$17.50
		1/1/2006	\$19.00
	Montgomery	Sum of:	
		(1)	\$5.00 times Credited Service from 9/1/1979 to 12/31/1990
		(2)	\$9.00 times Credited Service after 1/1/1991

Schedule SB, Part V — Summary of Plan Provisions

EARLY RETIREMENT	
• Eligibility	First day of the month next following the attainment of age 55 and the completion of ten years of Continuous Service.
• Benefit	Accrued Benefit earned to the date of termination reduced 6% per year from age 65. For Bridgeton, benefit is reduced from age 60 with 30 years of Continuous Service.
LATE RETIREMENT	
• Eligibility	Actual retirement may be deferred.
• Benefit	Normal Retirement Benefit calculated using Credited Service at late retirement date.
DEFERRED VESTED	
• Eligibility	Completion of five years of Continuous Service.
• Benefit	Accrued Benefit payable at age 65. If payment commences prior to age 65, the benefit is reduced in the same manner as the Early Retirement Benefit.
DISABILITY	
• Eligibility	For Bridgeton, physical or mental illness which prevents a participant from performing his job and is considered permanent as certified by a qualified physician. The disability must have lasted five months. No other hourly locations have disability benefits.
• Benefit	For Bridgeton, immediate unreduced annuity commencing as early as five months and as late as 18 months after last day of employment (period of deferral). The period of deferral is counted as Credited Service. At age 65, the benefit is adjusted to reflect additional Credited Service equal to the difference between 24 months and the period of deferral.
PRE-RETIREMENT DEATH	
• Eligibility	For Bridgeton, completion of ten years of Credited Service. No other hourly locations have additional death benefits

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Benefit prior to early retirement 	<p>For Bridgeton, designated beneficiary receives 60 monthly pension payments (or an equivalent lump sum) of the Participant's monthly Accrued Benefit, unreduced for an early commencement of payment.</p> <p>The benefit which would have been payable to the spouse assuming the employee terminated employment on the day before he died (or, if earlier, on his actual date of termination employment) and elected the 50% Joint and Survivor Annuity Option to commence on his earliest possible retirement date. The benefit is payable in the form of a life annuity to the spouse commencing on the Participant's earliest retirement date.</p>
UNPREDICTABLE CONTINGENT EVENT BENEFITS	Not Applicable
FORM OF BENEFITS	
<ul style="list-style-type: none"> Automatic form for unmarried participants 	Single life annuity with a ten year payment guarantee
<ul style="list-style-type: none"> Automatic form for married participants 	50% Joint & Survivor Annuity
<ul style="list-style-type: none"> Optional forms 	<ul style="list-style-type: none"> - Single life annuity with a five year payment guarantee - 50% Joint & Survivor Annuity with a five year payment guarantee - 75% Joint & Survivor Annuity with a five year payment guarantee - 100% Joint & Survivor Annuity with a five year payment guarantee
MISCELLANEOUS	
<ul style="list-style-type: none"> Maximum compensation 	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017, the limit is \$215,000.

*Schedule SB, Part V — Summary of Plan Provisions***Benefits Included or Excluded**

Unless noted below, all benefits provided by the plan, as established effective November 15, 2017 are included in this valuation:

- **Most recent plan amendments included:** None
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* Since suspension of benefits notices are given to active employees, late retirement actuarial increases apply to participants who defer retirement beyond age 70-1/2. This valuation does not value an actuarial increase for active employees as it is deemed immaterial.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including a late retirement actuarial increase using the plan's actuarial equivalence.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

PLAN PROVISIONS SPECIFIC TO FUNDING**Additional Benefits Included or Excluded**

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.

Schedule SB, Part V — Summary of Plan Provisions

- *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

PLAN PROVISION CHANGES SINCE PRIOR VALUATION

N/A – the plan was newly established effective November 15, 2017.

Hussmann Pension Plans Schedule of Assets

Plan 044 and Plan 045 have their assets held in the MTIA, EIN 82-6665041 and PN 001. Assets were transferred from Plan 039 at the creation of Plan 044 and Plan 045 and the financials were issued on a combined basis for 2017. The transfer to Plan 044 and Plan 045 can be seen on the combined asset statements and the allocated year end asset values can be seen on the MTIA 5500 filing.

HUSSMANN CORPORATION RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

(See Independent Auditor's Report)

	2017 (In Liquidation)	2016 (Ongoing)
ASSETS		
Investments, at fair value (Note C)	\$ -	\$ 207,844,968
Total assets	-	207,844,968
LIABILITIES		
Accrued expenses	-	164,139
Total liabilities	-	164,139
NET ASSETS AVAILABLE FOR BENEFITS	\$ -	\$ 207,680,829

The accompanying notes are an integral part of these financial statements.

HUSSMANN CORPORATION RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2017 and 2016

(See Independent Auditor's Report)

	2017 (In Liquidation)	2016 (Ongoing)
Additions to net assets attributable to:		
Investment income:		
Interest and dividend income	\$ 428,044	\$ 20,560
Net appreciation in fair value investments	30,421,275	11,820,687
Total investment income	30,849,319	11,841,247
Employer contribution	21,100,000	15,000,000
Total additions	51,949,319	26,841,247
Deductions from net assets attributable to:		
Benefits paid to participants	17,165,652	13,789,187
Purchase of annuity contracts	19,318,161	-
Administrative expenses	1,609,913	2,781,510
Total deductions	38,093,726	16,570,697
NET INCREASE	13,855,593	10,270,550
Transfer out (see Note A)	(221,536,422)	-
Net assets available for benefits at beginning of year	207,680,829	197,410,279
Net assets available for benefits at end of year	\$ -	\$ 207,680,829

The accompanying notes are an integral part of these financial statements.

Hussmann Corporation 12/31/2017 Final Assets

Investment	12/31/2017
TRANSAMERICA - VANDGUARD PRIME	-
TRANSAMERICA - VANDGUARD PRIME	1,097,657
TRANSAMERICA - VANDGUARD PRIME	1,245,659
JPMORGAN US GOVT MMKT FUND MORGAN SHARES - FUND	3,500,342
ANNUITIES	
BLACKROCK LONG TERM CREDIT BOND INDEX NL FUND	59,193,461
BLACKROCK TIPS	
BLACKROCK US DEBT INDEX NL FUND	
Loomis Sayles Strategic Trust	
BLACKROCK MSCI ACWI EQUITY	105,630,060
Titan Global Equity	3,725,159
Alt Invest Grp	3,907,578
ACL Alternative Fund	11,835,779
AQR Delta XN	5,615,682
AQR Multi Strategy	3,764,667
Fiera Capital - Absolute Return Multi-Strategy Offshore	5,273,334
Titan Masters	2,970,481
CBRE Clarion L/S (VOYA CBRE L/S)	2,718,904
John Hancock GARS	3,562,440
Stone Ridge	5,072,481
Versus Capital	2,870,476
	221,984,160

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year since the IRC section 430 changes made by the Pension Protection Act of 2016 (PPA) took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

SHORTFALL BASES					
YEAR ESTABLISHED		OUTSTANDING BALANCE	YEARS REMAINING		2017 INSTALLMENT
2015	\$	30,831,144	5	\$	6,678,829
2016		(2,738,767)	6		(509,684)
2017		(12,286,934)	7		(2,017,658)
Total	\$	15,805,443		\$	4,151,487

Plan 044 was established on November 15, 2017. The above amortizations were allocated to Plan 044 in proportion to Plan 044's share of the unfunded liability. Since both Plan 045 and Plan 039 (after spin-off) were in a surplus position at the time of the spin-off, the entire amount of the bases and amortization installments were allocated to Plan 044. While the total plan shortfall was \$15,805,433, the shortfall for Plan 044, calculated directly, is \$23,244,566. The amounts shown are as of January 1, 2017, the valuation date of the 2017 plan year. The 2017 Installment shown above is for a full year. Since 2017 is a short plan year, the final value is prorated. The prorated value that applies to 2017 is \$3,628,286, which is shown on Line 32.