

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2014
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>12/01/2014</u> and ending <u>11/30/2015</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); or ☒ 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>OMNOVA SOLUTIONS CONSOLIDATED PENSION PLAN</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td>1c Effective date of plan <u>10/01/1999</u></td> <td></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/1999</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>OMNOVA SOLUTIONS, INC.</u> <u>25435 HARVARD ROAD</u> <u>BEACHWOOD, OH 44122-6201</u>	<table border="1"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1897652</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-682-7000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1897652</u>	2c Plan Sponsor's telephone number <u>216-682-7000</u>	2d Business code (see instructions) <u>326200</u>	
2b Employer Identification Number (EIN) <u>34-1897652</u>					
2c Plan Sponsor's telephone number <u>216-682-7000</u>					
2d Business code (see instructions) <u>326200</u>					

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>		
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) <u>GRANT THORNTON LLP</u> <u>171 N. CLARK ST., SUITE 200</u> <u>CHICAGO, IL 60601</u>			Preparer's telephone number (optional) <u>312-856-0200</u>

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	3513
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)	564
a(2) Total number of active participants at the end of the plan year		6a(2)	502
b Retired or separated participants receiving benefits		6b	1433
c Other retired or separated participants entitled to future benefits.....		6c	868
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2803
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	349
f Total. Add lines 6d and 6e		6f	3152
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3F			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1)	☐	Insurance	
(2)	☐	Code section 412(e)(3) insurance contracts	
(3)	☒	Trust	
(4)	☐	General assets of the sponsor	
(1)	☐	Insurance	
(2)	☐	Code section 412(e)(3) insurance contracts	
(3)	☒	Trust	
(4)	☐	General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1)	☒	(1)	☒
R (Retirement Plan Information)		H (Financial Information)	
(2)	☐	(2)	☐
MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		I (Financial Information – Small Plan)	
(3)	☒	(3)	☐
SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		A (Insurance Information)	
		(4)	☒
		(5)	☒
		(6)	☐
			C (Service Provider Information)
			D (DFE/Participating Plan Information)
			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 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

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 OMNOVA SOLUTIONS CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OMNOVA SOLUTIONS, INC.	D Employer Identification Number (EIN) 34-1897652

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 12 Day 01 Year 2014			
2 Assets:			
a Market value	2a	224586197	
b Actuarial value	2b	218878129	
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	1730	143256939	143256939
b For terminated vested participants	1238	44525404	44525404
c For active participants	564	34846260	35414675
d Total	3532	222628603	223197018
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	6.46%	
6 Target normal cost	6	778000	

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	09/02/2016 Signature of actuary DAREN L. ANDERSON Type or print name of actuary MERCER Firm name 333 SOUTH 7TH STREET SUITE 1400 MINNEAPOLIS, MN 55402 Address of the firm	09/02/2016 Date 14-06530 Most recent enrollment number 612-642-8600 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>7.82</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)		1183
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.65</u> %		79
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		1262
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	98.06 %
15 Adjusted funding target attainment percentage	15	98.06 %
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	93.35 %
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
03/13/2015	249000	0			
06/15/2015	249000	0			
09/15/2015	249000	0			
12/14/2015	249000	0			
06/15/2016	5610000	0			
			Totals ►	18(b)	6606000
				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	6050811
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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	778000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	4318889		4189892
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	4967892	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	4967892	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	6050811	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1082919	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☒ 2008 ☐ 2009 ☒ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	4189892	
43 Excess installment acceleration amount to be carried over to future plan years	43	677736	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

A Name of plan <u>OMNOVA SOLUTIONS CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OMNOVA SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>34-1897652</u>

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

SEI INVESTMENTS

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 51 50 28	NONE	964891	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER HUMAN RESOURCE CONSULTING

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	460570	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	25984	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BAKER & HOSTETLER

34-0082025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	6995	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

A Name of plan <u>OMNOVA SOLUTIONS CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OMNOVA SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>34-1897652</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: <u>SEI STRUCTURED CREDIT CLTV FUND</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>75-3251893-024</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>54975448</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>12/01/2014</u> and ending <u>11/30/2015</u>		
A Name of plan <u>OMNOVA SOLUTIONS CONSOLIDATED PENSION PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OMNOVA SOLUTIONS, INC.</u>		D Employer Identification Number (EIN) <u>34-1897652</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	3520841	4220892
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	116858	102021
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)	4531316	1403392
(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)	22899676	54975448
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	193283996	139512559
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	224352687	200214312

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	793320	1591793
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	793320	1591793

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	223559367	198622519
---	-----------	-----------	-----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5389051	
(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)		5389051
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)	1433839	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1433839
(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)	4808638	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4808638
(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)	-1213473	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1213473

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		75772
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-7109509
c Other income.....	2c		263592
d Total income. Add all income amounts in column (b) and enter total.....	2d		3647910

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	26186618	
(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)		26186618
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)	493549	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	856634	
(4) Other.....	2i(4)	1047957	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2398140
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		28584758

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-24936848
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		10000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....	X		363468
4l			
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?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

A Name of plan <u>OMNOVA SOLUTIONS CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OMNOVA SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>34-1897652</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>23-3060382</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☒ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 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: 56.0% Investment-Grade Debt: 25.0% High-Yield Debt: 7.0% Real Estate: 2.0% Other: 10.0%

- 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):

Financial Statements and Report of Independent
Certified Public Accountants

OMNOVA Solutions Consolidated Pension Plan

November 30, 2015 and 2014

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Report of Independent Certified Public Accountants

To the Participants and Administrator of the
OMNOVA Solutions Consolidated Pension Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of OMNOVA Solutions Consolidated Pension Plan (the “Plan”), which comprise the statements of net assets available for benefits as of November 30, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note D, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of November 30, 2015 and 2014, and for the years then ended, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Supplementary information

The supplemental schedule of assets (held at end of year) as of November 30, 2015 and the schedule of reportable transactions for the year ended November 30, 2015 are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified information described in Note D, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Cleveland, Ohio
September 15, 2016

OMNOVA Solutions Consolidated Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

November 30, 2015 and 2014

	2015	2014
ASSETS:		
Investments, at fair value:		
Money market	\$ -	\$ 686,242
Registered investment companies	139,512,559	192,597,754
Collective trust funds	54,975,448	22,899,676
Real estate partnerships	1,403,392	4,531,316
<i>Total investments</i>	195,891,399	220,714,988
Employer contributions receivable	4,220,892	3,520,841
Accrued income	102,021	116,858
<i>Total assets</i>	200,214,312	224,352,687
LIABILITIES:		
Accrued administrative expenses	(1,591,793)	(793,320)
<i>Total liabilities</i>	(1,591,793)	(793,320)
NET ASSETS AVAILABLE FOR BENEFITS	\$ 198,622,519	\$ 223,559,367

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

OMNOVA Solutions Consolidated Pension Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended November 30, 2015 and 2014

	2015	2014
ADDITIONS:		
Investment income (loss):		
Interest and dividends	\$ 6,506,069	\$ 4,544,696
Net (depreciation) appreciation in fair value of	(8,247,210)	12,694,994
Employer contributions	5,389,051	4,608,721
<i>Total additions</i>	3,647,910	21,848,411
DEDUCTIONS:		
Benefits paid to participants	26,186,618	14,858,434
Administrative expenses	2,398,140	1,779,072
<i>Total deductions</i>	28,584,758	16,637,506
NET (DECREASE) INCREASE	(24,936,848)	5,210,905
Net assets available for benefits at beginning of year	223,559,367	218,348,461
Net assets available for benefits at end of year	\$ 198,622,519	\$ 223,559,367

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

NOTES TO FINANCIAL STATEMENTS

November 30, 2015 and 2014

NOTE A - DESCRIPTION OF PLAN

The following description of the OMNOVA Solutions Consolidated Pension Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan covering employees or former employees of OMNOVA Solutions Inc. (OMNOVA or the Company) who have met the eligibility requirements for participation in the Plan or who are entitled to receive, or are receiving, benefits previously accrued under the Plan. The Plan provides for retirement and disability benefits, the amount of which is calculated under formulas based principally on length of-service and/or level of compensation and employee contributions. For salaried employees, the monthly retirement benefit is between 1.125% and 2.0% of Plan compensation (as defined). For union employees, the monthly retirement benefit is between \$19 and \$34 per year of credited service (as defined). The Plan also provides for disability and survivor benefits. If a union employee becomes disabled after ten years of service, they are entitled to receive their accrued benefit. Survivor benefits are equal to 50% of the vested accrued benefit.

Benefit payments are paid monthly per the participant's election, or in limited circumstances, in a lump sum payment which typically involves benefits payable upon the death of a participant to his or her surviving beneficiary or estate.

As of May 15, 2007, the Plan was closed to all new hires. During 2009 through 2011, with varying effective dates based on location, the Company suspended the accrual of future service benefits under the Plan effectively freezing future service benefits for all participants in the Plan. All benefits earned by affected employees through the effective dates became fully vested with the affected employees eligible to receive benefits upon retirement, as described in the Plan document.

The Company offered a "Special Pension Benefit Opportunity" program during 2015 to 942 eligible term vested Plan participants meeting certain criteria. The "Special Pension Benefit Opportunity" program offered a one-time payment of the current value of the term vested Plan participant's pension benefit, which provided participants the option to take a distribution of cash, roll over their balance to a qualified retirement plan or an individual retirement account (IRA) or alternatively, elect to receive a reduced annuity, paid monthly beginning on the designated election date. There were 405 Plan participants who elected to exercise their right to participate in the program by electing one of the four options, which resulted in aggregate distributions of \$11,142,054 through November 30, 2015. In addition, another 91 term vested Plan participant's elections were processed in December 2015 (Plan Year 2016), which resulted in aggregate distributions of \$2,204,041. As a result, \$13,505,914 in total was distributed to term vested Plan participants under the "Special Pension Benefit Opportunity" program. The Plan has not determined if future programs will be offered.

NOTES TO FINANCIAL STATEMENTS

November 30, 2015 and 2014

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Contributions

Contributions are made by the Company in such amounts as have been actuarially determined to fund current costs and the amortization of any unfunded actuarial accrued liability. This funding policy meets the minimum funding requirements of ERISA and deductibility and funding limits requirements of the Internal Revenue Code as amended by the PPA and the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 (Pension Relief Act). In accordance with this funding policy, Company contributions totaled \$5,389,051 for 2015 of which \$4,220,892 was contributed in 2016. Company contributions totaled \$4,608,721 for 2014 of which \$3,520,841 was contributed in 2015.

Prior to January 1, 2004, after one year of service, employees electing to participate in the Plan who were covered under the provisions of the former OMNOVA Solutions Retirement Income Plan for Employees of Reneer Film Operations were required to contribute 1½ percent of the first \$550 of monthly earnings plus 3½ percent of monthly earnings in excess of \$550. Current employees' accumulated contributions were \$730,575 at November 30, 2015 and \$1,133,295 at November 30, 2014. Interest rates on the accumulated contributions were credited at 2.06% and 1.98% for the years ended November 30, 2015 and 2014, respectively. Effective November 30, 2005, employee contributions were no longer permitted and future benefits earned were calculated under a formula based on length of-service and level of compensation through November 30, 2005.

Health Care Benefits Account

The Plan provides for the payment of certain hospitalization and medical benefits for retired employees and their eligible spouses and dependents from a health care benefits account, in accordance with Section 401(h) of the Internal Revenue Code. The Company's Administrative Committee (Committee) may direct that one qualified transfer be made to the health care benefits account in any taxable year of the Company, subject to certain conditions. The trustee will reimburse the Company for applicable health care costs during the taxable year of the qualified transfer, but such reimbursement shall not exceed the qualified current retiree health care liabilities of the Company for such taxable year. Any assets transferred to the 401(h) account from the Plan in a qualified transfer of excess pension plan assets (and any income allocable thereto) that are not used during the Plan year must be transferred out of the account to the Plan. During the Plan years ended November 30, 2015 and 2014, there were no amounts transferred to the 401(h) account and reimbursed to the Company for applicable health care costs.

Plan Administration and Termination

The Plan is administered by the Committee as designated under the terms of the Plan. The Committee has full authority to control and manage the operation and administration of the Plan, except for the management of the Plan assets. Plan benefit payments are made upon instructions received from the Committee. Contributions received and assets held by SEI Investments Company (the "Trustee") are invested under the direction of the Benefits Management Committee.

NOTES TO FINANCIAL STATEMENTS

November 30, 2015 and 2014

NOTE A - DESCRIPTION OF PLAN - CONTINUED

The Company reserves the right to discontinue the Plan. In the event that such discontinuance results in the termination of the Plan:

- The trust fund shall serve to discharge any liability presently incurred and the net assets shall be applied for the exclusive benefit of the participants and beneficiaries of the Plan, and
- To the extent unfunded vested benefits exist, benefits up to specified limitations are insured by the Pension Benefit Guaranty Corporation.

If the Plan was terminated and there were insufficient assets to pay full benefits to participants, Plan assets would be used in the following order to:

- Repay participants for contributions made by employees.
- Provide benefits to individuals who have been receiving benefits for at least three years.
- Pay all other benefits guaranteed by the Pension Benefit Guaranty Corporation.
- Provide all other vested benefits except those vested as a result of Plan termination.
- Pay all other benefits.

Any remaining assets would revert back to the Company.

Subsequent Events

The Plan has evaluated subsequent events through September 15, 2016, the date the financial statements were available to be issued.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value measurements.

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

NOTES TO FINANCIAL STATEMENTS

November 30, 2015 and 2014

NOTE B - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Actuarial Present Value of Accumulated Plan Benefits

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates, assumptions and valuations that affect the amounts reported in the financial statements and accompanying footnotes. Actual results could differ from those estimates.

Expenses of the Plan

Investment management expenses, trustee fees, allowable actuarial, legal, accounting and consulting expenses are paid by the Plan. All other expenses related to the administration of the Plan and its related trust is paid by the Company.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

New Accounting Guidance Adopted

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standard Update ("ASU") 2015-12, which simplified the required disclosures related to employee benefit plans. The new guidance contains three parts, however, only Part II affects the Plan. Part II eliminates the requirement to disclose individual investments that are 5% or more of total net assets available for benefits, as well as the net appreciation (depreciation) of fair value by investment type. Part II also requires plans to continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. The amendment is effective for the Plan for fiscal years beginning after December 15, 2015 and shall apply retrospectively to all periods presented. The Plan elected to early adopt this guidance as of November 30, 2015, as permitted and has applied this guidance retrospectively, as required. As a result, the Plan has eliminated its historical disclosure of individual investments which comprise 5% or more of total net assets available for benefits, as well as the net appreciation (depreciation) of fair value by investment type, and has disaggregated investments by general type only. There was no impact on the Statements of Net Assets Available for Benefits as of November 30, 2015 and 2014 or the Statements of Changes in Net Assets Available for Benefits for the years then ended as a result of the adoption.

NOTES TO FINANCIAL STATEMENTS

November 30, 2015 and 2014

NOTE B - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

In May 2015, the FASB issued ASU 2015-07, which updated guidance related to fair value measurement and the disclosures for investments in certain entities that calculate net asset value (“NAV”) per share (or its equivalent). The updated guidance applies to reporting entities that elect to measure the fair value of certain investments using the NAV per share (or its equivalent) of the investment as a practical expedient. Currently, investments valued using the practical expedient are categorized within the fair value hierarchy on the basis of when the investment is redeemable with the investee at NAV. The amendments remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the NAV per share practical expedient. The amendments are effective for the Plan for fiscal years beginning after December 15, 2016 and shall apply retrospectively to all periods presented. The Plan elected to early adopt this guidance as of November 30, 2015, as permitted and has applied this guidance retrospectively, as required.

NOTE C - ACCUMULATED PLAN BENEFITS

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

The actuarial present value of accumulated plan benefits as of November 30, 2014, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 130,793,399
Other participants	67,084,825

197,878,224

Non-vested benefits	1,111,327
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Total actuarial present value of accumulated plan benefits	\$ 198,989,551
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The actuarial present value of accumulated plan benefits experienced the following changes from November 30, 2013 to November 30, 2014:

OMNOVA Solutions Consolidated Pension Plan

NOTES TO FINANCIAL STATEMENTS

November 30, 2015 and 2014

NOTE C - ACCUMULATED PLAN BENEFITS - CONTINUED

Actuarial present value of accumulated plan benefits at November 30, 2013	\$ 208,185,456
Increase (decrease) due to:	
Actuarial (gains) losses	(967,637)
Increase for interest due to decrease in discount period	15,510,628
Benefits paid	(14,858,434)
Change in actuarial assumptions	(8,880,461)
Net decrease	<u>(9,195,904)</u>
Actuarial present value of accumulated plan benefits at November 30, 2014	<u>\$ 198,989,551</u>

Significant assumptions underlying the actuarial computations are:

Expected rate of return on assets: 7.75% (2014); 7.75% (2013)

Average retirement age: Varies by age (55 to 70), depending on the employment group

Life expectancy: RP-2014 generational, combined, blue and white collar mortality table (2013)
 Mercer-modified version of the RP-2014 table (MRP-2007) – Pre-retirement and
 Mercer Industry Longevity Experience Study (MILES) table – Post-retirement (2014)

The actuarial assumptions used in determining the present value of accumulated plan benefits were determined in consultation with the Company's actuaries. These actuarial assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE D - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified as complete and accurate by the trustee, except for comparing such information to information included in the Plan's financial statements and supplemental schedules:

NOTES TO FINANCIAL STATEMENTS

November 30, 2015 and 2014

NOTE D - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE - CONTINUED

	<u>2015</u>	<u>2014</u>
Investments, at fair value:		
Money market	\$ —	\$ 686,242
Registered investment companies	139,512,559	192,597,754
Collective trust fund	54,975,448	22,899,676
Accrued income	102,021	116,858
	<u>\$ 194,590,02</u>	<u>\$ 216,300,530</u>
Investment income:		
Interest and dividends	\$ 6,506,070	\$ 4,544,696
Net (depreciation) appreciation in fair value of investments:		
Registered investment companies	(7,109,509)	10,507,517
Collective trust funds	75,772	2,462,033
	<u>(7,033,737)</u>	<u>12,969,550</u>
	<u>\$ (527,667)</u>	<u>\$ 17,514,246</u>

NOTE E - FAIR VALUE MEASUREMENTS

Investments are recorded at fair value as prescribed under Accounting Standards Codification "Fair Value Measurement (ASC 820)". ASC 820 defines fair value, establishes a framework for measuring fair value and requires disclosures about fair value measurements. Financial assets and liabilities are measured at fair value and categorized in three levels based on the assumptions (input) used to value the assets. The three levels are:

Level 1 - Observable inputs such as quoted prices in an active market for identical assets or liabilities.

Level 2 - Observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets or liabilities in an active market, quoted prices in markets that are not active, and model-derived valuations in which all significant inputs are observable or can be corroborated by observable market data.

Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

The asset's or liability's fair value measurement level is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 30, 2015 and 2014.

NOTES TO FINANCIAL STATEMENTS

November 30, 2015 and 2014

NOTE E - FAIR VALUE MEASUREMENTS - CONTINUED

Money market funds are valued at a NAV of \$1.00 per share held by the Plan at year end, which approximates fair value.

Registered investment companies are valued at quoted market prices representing the NAV of shares held by the Plan at year end.

The fair value of the participation units owned by the Plan in the collective trust funds are based on the NAV of participating units held by the Plan at year end. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

Investments in real estate partnerships are valued at the fair value of the underlying assets based on comparable sales value for similar assets, discounted cash flow models, appraisals and other valuation techniques. These investments may contain conditions or restrictions related to the Plan's ability to sell or liquidate its holdings. For one of these investments, the GIFREHC Benecia Group Trust, the Plan is required to fund its proportional share (based on its ownership percentage) of certain costs and expenses associated with the management of the underlying real estate investments within this fund.

For Level 3 investments, the Benefits Committee of OMNOVA, which is comprised of certain executives of the Company, uses third party services as the primary basis for valuation of these investments. The third party services do not provide access to valuation models, inputs and assumptions. Accordingly, the Benefits Committee conducts a review of a variety of factors including internal controls reports and financial statements of the investment, economic conditions, industry and market developments and overall credit ratings as well as utilizing a vendor review of the fund.

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

NOTES TO FINANCIAL STATEMENTS

November 30, 2015 and 2014

NOTE E - FAIR VALUE MEASUREMENTS - CONTINUED

The following financial assets were measured at fair value on a recurring basis during 2015:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Registered investment companies	\$ 139,512,559	\$ 139,512,559	\$ —	\$ —
Real estate partnerships	<u>1,403,392</u>	<u>—</u>	<u>—</u>	<u>1,403,392</u>
Total assets in the fair value hierarchy	140,915,951	<u>\$ 139,512,559</u>	<u>\$ —</u>	<u>\$ 1,403,392</u>
Investments measured at net asset value:				
Collective trust funds	<u>54,975,448</u>			
	<u>\$ 195,891,399</u>			

The following financial assets were measured at fair value on a recurring basis during 2014:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Money market funds	\$ 686,242	\$ 686,242	\$ —	\$ —
Registered investment companies	192,597,754	192,597,754	—	—
Real estate partnerships	<u>4,531,316</u>	<u>—</u>	<u>—</u>	<u>4,531,316</u>
Total assets in the fair value hierarchy	197,815,312	<u>\$ 193,283,996</u>	<u>\$ —</u>	<u>\$ 4,531,316</u>
Investments measured at net asset value:				
Collective trust funds	<u>22,899,676</u>			
	<u>\$ 220,714,988</u>			

NOTES TO FINANCIAL STATEMENTS

November 30, 2015 and 2014

NOTE E - FAIR VALUE MEASUREMENTS - CONTINUED

A reconciliation of beginning and ending Level 3 measurements is as follows:

	Real Estate Partnerships
Beginning balance, December 1, 2014	\$ 4,531,316
Sales or settlements	(1,254,009)
Total gains or (losses) included in earnings	(1,873,915)
Ending balance, November 30, 2015	<u>\$ 1,403,392</u>

The following table summarized the quantitative inputs and assumptions used for items categorized as recurring Level 3 assets as of November 30, 2015 and 2014.

Financial Assets	2015 Fair Value	2014 Fair Value	Valuation Techniques	Unobservable Inputs	Ranges
Real estate partnerships	\$1,403,392	\$4,531,316	Discounted cash flow analysis	Discount Rate	7.00% - 11.75%
				Exit capitalization rate	6.00% - 10.0%
				DCF term (years)	9 - 11
			Appraisals	Comparable sales	N/A
	<u>\$1,403,392</u>	<u>\$4,531,316</u>			

The following table sets forth a summary of the Plan's investment with a reported NAV as of November 30, 2015 and 2014.

	Fair Value	
	2015	2014
SEI Structured Credit Collective Fund (a)	\$ 22,166,966	\$ 22,899,676
SEI Core Property Collective Fund (b)	23,137,312	—
SEI Energy Debt Collective Investment Trust Fund (c)	9,671,170	—
	<u>\$ 54,975,448</u>	<u>\$ 22,899,676</u>

- (a) The SEI Structured Credit Collective Fund requires a two-year non-redemption period (which the Plan has met) after which investments can be redeemed at any time, however a 90 day redemption notification period is required. The Plan has satisfied all funding obligations related to this investment.

NOTES TO FINANCIAL STATEMENTS

November 30, 2015 and 2014

NOTE E - FAIR VALUE MEASUREMENTS - CONTINUED

- (b) The SEI Core Property Collective Fund permits a quarterly redemption upon request and at the discretion of the advisor, however, a 65 day redemption notification period is required. The Plan has satisfied all funding obligations related to this investment.
- (c) The SEI Energy Debt Collective Trust Fund permits redemptions on a semi-annual basis with limitations per private placement memorandum, hold back on final redemptions. There is also a 95 day redemption notification period. The Plan has satisfied all funding obligations related to this investment.

NOTE F - INCOME TAX STATUS

The Plan received a determination letter from the Internal Revenue Service dated March 14, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of November 30, 2015 and 2014, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE G - RISKS AND UNCERTAINTIES

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

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

NOTE H - RELATED-PARTY TRANSACTIONS

Certain Plan investments are shares of a money market fund, registered investment companies and collective trust funds managed by SEI Investment Company. SEI Investment Company is the trustee as defined by the Plan and therefore, these transactions qualify as party-in-interest transactions.

SUPPLEMENTAL SCHEDULES

OMNOVA Solutions Consolidated Pension Plan

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of November 30, 2015

Employee Identification number: 34-1897652

Plan Number: 001

Identity of Issue, Borrower, Lessor or Similar Party	Description of including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
SEI Large Cap Index Fund*	317,104 shares	\$ 41,321,057	\$ 52,743,969
SEI World Equity EX-US Fund Class A*	2,090,837 shares	23,817,384	23,563,736
SEI Structured Credit Collective Fund*	11,833 units	4,596,644	22,166,966
SEI High Yield Bond Fund 284*	1,297,142 shares	12,313,778	11,090,563
SEI Dynamic Asset Allocation Fund*	606,372 shares	10,287,238	10,223,433
SEI Core Fixed Income Fund 285*	1,368,496 shares	14,101,511	14,314,471
SEI Emerging Markets Debt Fund*	997,399 shares	10,933,737	8,926,721
SEI Extended Market Index*	666,629 shares	7,326,660	8,659,512
SEI Emerging Market Equities*	1,179,475 shares	11,751,896	9,990,154
SEI Core Property Collective Fund*	13,163 shares	21,000,000	23,137,312
SEI Energy Debt Collective Investment Trust Fund*	11,000 shares	11,000,000	9,671,170
Realty Associates Fund VII Corp. LP	5,000 shares	5,000,000	1,120,492
GIFHREC Bencia Group Trust	282,900 units	2,482,520	282,900
		\$ 175,932,425	\$ 195,891,399

* Indicates party-in-interest to the Plan

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

As of November 30, 2015

Employee Identification number: 34-1897652

Plan Number: 001

Category (i) - Single transaction in excess of 5% of plan assets

Description of Investment	Purchase Price	Selling Price	Cost	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Prime obligation Fund	\$ 11,142,054	\$ -	\$ 11,142,054	\$ 11,142,054	\$ -
Prime obligation Fund	-	11,142,054	11,142,054	11,142,054	-
SEI Emerging Market Equities	11,571,268	-	11,571,268	11,571,268	-
SIIT Ultra SH Duration Bond Fund	-	11,889,597	11,925,387	11,889,597	(35,790)
SEI Dynamic Asset Allocation Fund	11,054,160	-	11,054,160	11,054,160	-
SEI Large Cap Index Fund	-	11,054,160	8,342,420	11,054,160	2,711,740
Emerging Markets Equity Fund	-	12,110,747	11,753,180	12,110,747	357,567
Cash Pending SEI Core Property Collective	17,010,000	-	17,010,000	17,010,000	-
Cash Pending SEI Core Property Collective	-	17,010,000	17,010,000	17,010,000	-
SEI Core Property Collective	17,010,000	-	17,010,000	17,010,000	-

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

As of November 30, 2015

Employee Identification number: 34-1897652

Plan Number: 001

Category (iii) – Series of transaction in excess of 5% of plan assets

Description of Investments	Purchase Price	Selling Price	Cost	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SEI Emerging Market Equities	\$13,514,340	\$ -	\$ 13,514,340	\$ 13,514,340	\$ -
SEI Emerging Market Equities	-	1,540,014	1,762,443	1,540,014	(222,429)
SIIT Ultra SH Duration Bond Fund	21,268	-	21,268	21,268	-
SIIT Ultra SH Duration Bond Fund	-	11,921,375	11,957,228	11,927,375	(35,853)
SEI Dynamic Asset Allocation Fund	11,655,031	-	11,655,031	11,655,031	-
SEI Dynamic Asset Allocation Fund	-	1,347,428	1,367,794	1,347,428	(20,366)
SEI Opportunistic Income Fund	172,134	-	172,134	172,134	-
SEI Opportunistic Income Fund	-	14,666,569	14,666,613	14,666,569	(44)
SEI Word Equity EX-US Fund	6,053,304	-	6,053,304	6,225,438	-
SEI Word Equity EX-US Fund	-	6,425,306	6,180,136	6,425,306	245,170
SEI Large Cap Index Fund	8,905,004	-	8,905,004	8,905,004	-
SEI Large Cap Index Fund	-	24,926,881	19,123,009	24,926,881	5,803,872
Emerging Markets Equity Fund	2,635,244	-	2,635,244	2,635,244	-
Emerging Markets Equity Fund	-	12,711,214	12,344,396	12,711,214	366,818
Cash Pending SEI Core Property Collective	21,000,000	-	21,000,000	21,000,000	-
Cash Pending SEI Core Property Collective	-	21,000,000	21,000,000	21,000,000	-
SEI Core Property Collective	21,000,000	-	21,000,000	21,000,000	-
Prime Obligation Fund	11,142,054	-	11,142,054	11,142,054	-
Prime Obligation Fund	-	11,142,054	11,142,054	11,142,054	-
Cash Pending SEI Energy Debt Collective Investment Trust	11,000,000	-	11,000,000	11,000,000	-
Cash Pending SEI Energy Debt Collective Investment Trust	-	11,000,000	11,000,000	11,000,000	-

Schedule SB, line 26 — Schedule of Active Participant Data
Distribution of Active Participants as of December 1, 2014

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											0
25–29											0
30–34				1							1
35–39		3	11	5	1						20
40–44		9	16	35 8,316	6						66 7,322
45–49		15	17	39 9,434	11	6	1				89 8,500
50–54		14	12	34 11,193	12	16	6	1			95 10,718
55–59		17	20	42 10,868	19	16	9	21 23,627			144 13,585
60–64		17	10	30 9,654	14	5	9	9	9		103 10,702
65–69		7	4	13	3	6	5	2	2	3	45 12,024
70 & up							1				1
Total	0	82 3,487	90 8,279	199 9,857	66 13,754	49 13,582	31 16,682	33 21,644	11	3	564 10,651

In each cell, the top number is the count of active participants for each age/service combination. Since the plan is now frozen, the lower number is the average annual accrued benefit for participants with frozen benefits and is only shown in cells with at least 20 participants.

Service shown in this matrix is based on benefit service, as provided by OMNOVA Solutions Inc.
MERCER

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for December 1, 2014 Funding Valuation****Discount rate sponsor elections**

• Segment rates or full yield curve	Segment		
• Look-back months	4		
	<u>Stabilized Rates</u>	<u>Nonstabilized Rates</u>	
• First 5 years	4.99%	1.15%	
• Next 15 years	6.32%	4.06%	
• Over 20 years	6.99%	5.14%	

Mortality sponsor elections

• Healthy participants	Section 430(h)(3) prescribed separate generational annuitant and non-annuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement based on scale AA.
• Pre-1995 disabilities	Revenue Ruling 96-7 tabled for participants who became disabled before 1995
• Post-1994 disabilities	Same as healthy participants.

Other economic assumptions

• Salary increases	N/A
• Social Security wage base	N/A
• Inflation	N/A
• Expected investment return	7.75% for 2012, 7.50% for 2013 and 2014
• Expenses	\$778,000 added to normal cost. Administrative expenses are paid directly by the plan sponsor outside the trust.
• Interest rate on employee contributions	5.50% (applicable to Salaried and Reneer employees only)

Demographic assumptions

Withdrawal	75% of Mercer modified SOA table. See Table of sample rates.
Disability incidence	1985 Pension Disability Table (Class 1 for Salaried and Reneer employees, Class 3 for Non-Contributory Employees)
Retirement age	See Table of Sample rates
Benefit commencement age for:	
• Future vested deferred	64 for Salaried and Reneer employees, 62 for non-contributory employees
• Current vested deferred	64 or current age, if later, for Salaried and Reneer employees; 62 or current age, if later, for non-contributory employees

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

Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>	
• Percentage married	85%	85%	
• Spouse age difference	2 years younger	2 years older	
Form of payment			
<i>Salaried Employees</i>	<u>5 Year Certain</u>		
	<u>& Life</u>	<u>50% J&S</u>	<u>75% J&S</u>
• Active retirements	50%	0%	50%
• Future vested deferred	50%	0%	50%
• Future disabilities	50%	0%	50%
• Future deaths	0%	100%	0%
• Current vested deferred	50%	0%	50%
<i>Non-contributory employees</i>	<u>5 Year Certain</u>		
	<u>& Life</u>	<u>50% J&S</u>	<u>75% J&S</u>
• Active retirements	60%	0%	40%
• Future vested deferred	60%	0%	40%
• Future disabilities	60%	0%	40%
• Future deaths	0%	100%	0%
• Current vested deferred	60%	0%	40%
<i>Reneer Employees</i>	<u>5 Year Certain</u>		
	<u>& Life</u>	<u>50% J&S</u>	<u>75% J&S</u>
• Active retirements	50%	0%	50%
• Future vested deferred	50%	0%	50%
• Future disabilities	50%	0%	50%
• Future deaths	0%	100%	0%
	<u>Single Life</u>	<u>50% J&S</u>	<u>75% J&S</u>
• Current vested deferred	60%	0%	40%
Recall rights <i>(Non-contributory employees only)</i>	Participants who have been laid off during the last two years are assumed to be called back to active employment as of the valuation date. Participants who have been laid off for more than two years are assumed terminated (vested) as of the valuation date.		
Shutdown benefits <i>(Non-contributory employees only)</i>	Probability to occur is de minimus		

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Rationale for Significant Assumptions**

- **Discount rates** – These are the IRS prescribed rates. The plan sponsor elected this methodology from the IRS prescribed options.
- **Mortality** – These are IRS prescribed tables. The plan sponsor elected these tables from alternative IRS prescribed options.
- **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.
- **Expenses** – Based on year-by-year experience for actual administrative expenses paid from plan assets. Adjustments are made for any known significant changes such as PBGC premiums.
- **Withdrawal** – Termination rates were developed based on the results of a 2012 experience study covering the plan years ending 2006-2011 with the expectation that the future withdrawal patterns and circumstances of the employer will not differ significantly from the period studied.
- **Disability incidence** – Since the plan is not sufficiently large to generate credible disability incidence experience, the assumption is based on the Conference of Consulting Actuaries 1985 Pension Disability Study.
- **Retirement age** – Retirement rates were developed based on the results of a 2012 experience study covering the plan years ending 2006-2011 with the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- **Benefit commencement age for deferred vested** – Developed based on the results of a 2012 experience study covering the plan years ending 2006-2011 with the expectation that the commencement age and circumstances of the employer will not differ significantly from the period studied.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Table of Sample Rates – Salaried and Reneer employees only***

Sample Attained Age	Annual Disability Rates	
	Male	Female
25	0.00038	0.00047
40	0.00117	0.00211
55	0.00722	0.00952

Sample Attained Age	Annual Withdrawal Rate	Attained Age	Annual Retirement Rate
20	0.1950	55	0.05
25	0.1350	56	0.05
30	0.0915	57	0.05
35	0.0653	58	0.05
40	0.0518	59	0.05
45	0.0458	60	0.05
50	0.0420	61	0.05
55	0.0330	62	0.25
		63	0.10
		64	0.10
		65	0.35
		66	0.20
		67	0.20
		68	0.20
		69	0.20
		70	1.00

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of Sample Rates – Non-contributory employees only**

Sample Attained Age	Annual Disability Rates	
	Male	Female
25	0.00219	0.00150
40	0.00597	0.00547
55	0.02118	0.01962

Sample Attained Age	Annual Withdrawal Rate	Attained Age	Annual Retirement Rate
20	0.1950	45-54*	0.05
25	0.1350	55	0.05
30	0.0915	56	0.05
35	0.0653	57	0.05
40	0.0518	58	0.05
45	0.0458	59	0.05
50	0.0420	60	0.10
55	0.0330	61	0.15
		62	0.30
		63	0.15
		64	0.30
		65	0.35
		66	0.35
		67	0.35
		68	0.35
		69	0.35
		70	1.00

*Jeannette only applicable with 30 years of service only.

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

Actuarial Methods

Asset Method

The asset valuation method is an average of the adjusted market value for each year during the last two years 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 percent and no less than 90 percent 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.

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 is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan provides death and supplemental early retirement benefits that are not based on service at death or early retirement. These benefits are attributed to service using the ratio of service on the valuation date to service at first eligibility.
- 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.

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning <u>12/01/2014</u> and ending <u>11/30/2015</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); or ☒ 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 OMNOVA SOLUTIONS CONSOLIDATED PENSION PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) OMNOVA SOLUTIONS, INC. 25435 HARVARD ROAD BEACHWOOD OH 44122-6201	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 10/01/1999</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 34-1897652</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 216-682-7000</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 326200</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 10/01/1999		2b Employer Identification Number (EIN) 34-1897652		2c Plan Sponsor's telephone number 216-682-7000		2d Business code (see instructions) 326200	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 10/01/1999											
2b Employer Identification Number (EIN) 34-1897652											
2c Plan Sponsor's telephone number 216-682-7000											
2d Business code (see instructions) 326200											

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

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

SIGN HERE		<u>9/15/2016</u>	PAUL DESANTIS
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) GRANT THORNTON LLP 171 N. CLARK ST., SUITE 200 CHICAGO IL 60601			Preparer's telephone number (optional) 312-856-0200

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN	
		4c PN	
5 Total number of participants at the beginning of the plan year		5	3, 513
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)	564
a(2) Total number of active participants at the end of the plan year		6a(2)	502
b Retired or separated participants receiving benefits		6b	1, 433
c Other retired or separated participants entitled to future benefits		6c	868
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2, 803
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	349
f Total. Add lines 6d and 6e		6f	3, 152
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3F			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

As of November 30, 2015

Employee Identification number: 34-1897652

Plan Number: 001

Category (i) - Single transaction in excess of 5% of plan assets

Description of Investment	Purchase Price	Selling Price	Cost	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Prime obligation Fund	\$ 11,142,054	\$ -	\$ 11,142,054	\$ 11,142,054	\$ -
Prime obligation Fund	-	11,142,054	11,142,054	11,142,054	-
SEI Emerging Market Equities	11,571,268	-	11,571,268	11,571,268	-
SIIT Ultra SH Duration Bond Fund	-	11,889,597	11,925,387	11,889,597	(35,790)
SEI Dynamic Asset Allocation Fund	11,054,160	-	11,054,160	11,054,160	-
SEI Large Cap Index Fund	-	11,054,160	8,342,420	11,054,160	2,711,740
Emerging Markets Equity Fund	-	12,110,747	11,753,180	12,110,747	357,567
Cash Pending SEI Core Property Collective	17,010,000	-	17,010,000	17,010,000	-
Cash Pending SEI Core Property Collective	-	17,010,000	17,010,000	17,010,000	-
SEI Core Property Collective	17,010,000	-	17,010,000	17,010,000	-

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

As of November 30, 2015

Employee Identification number: 34-1897652

Plan Number: 001

Category (iii) – Series of transaction in excess of 5% of plan assets

Description of Investments	Purchase Price	Selling Price	Cost	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SEI Emerging Market Equities	\$13,514,340	\$ -	\$ 13,514,340	\$ 13,514,340	\$ -
SEI Emerging Market Equities	-	1,540,014	1,762,443	1,540,014	(222,429)
SIIT Ultra SH Duration Bond Fund	21,268	-	21,268	21,268	-
SIIT Ultra SH Duration Bond Fund	-	11,921,375	11,957,228	11,927,375	(35,853)
SEI Dynamic Asset Allocation Fund	11,655,031	-	11,655,031	11,655,031	-
SEI Dynamic Asset Allocation Fund	-	1,347,428	1,367,794	1,347,428	(20,366)
SEI Opportunistic Income Fund	172,134	-	172,134	172,134	-
SEI Opportunistic Income Fund	-	14,666,569	14,666,613	14,666,569	(44)
SEI Word Equity EX-US Fund	6,053,304	-	6,053,304	6,225,438	-
SEI Word Equity EX-US Fund	-	6,425,306	6,180,136	6,425,306	245,170
SEI Large Cap Index Fund	8,905,004	-	8,905,004	8,905,004	-
SEI Large Cap Index Fund	-	24,926,881	19,123,009	24,926,881	5,803,872
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Emerging Markets Equity Fund	-	12,711,214	12,344,396	12,711,214	366,818
Cash Pending SEI Core Property Collective	21,000,000	-	21,000,000	21,000,000	-
Cash Pending SEI Core Property Collective	-	21,000,000	21,000,000	21,000,000	-
SEI Core Property Collective	21,000,000	-	21,000,000	21,000,000	-
Prime Obligation Fund	11,142,054	-	11,142,054	11,142,054	-
Prime Obligation Fund	-	11,142,054	11,142,054	11,142,054	-
Cash Pending SEI Energy Debt Collective Investment Trust	11,000,000	-	11,000,000	11,000,000	-
Cash Pending SEI Energy Debt Collective Investment Trust	-	11,000,000	11,000,000	11,000,000	-

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 2014 This Form Is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

► **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 Omnova Solutions, Inc. Consolidated Pension Plan	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Omnova Solutions, Inc.	D Employer Identification Number (EIN) 34-1897652	
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>12</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value.....	2a	224,586,197	
b Actuarial value.....	2b	218,878,129	
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.....	1,730	143,256,939	143,256,939
b For terminated vested participants.....	1,238	44,525,404	44,525,404
c For active participants.....	564	34,846,260	35,414,675
d Total.....	3,532	222,628,603	223,197,018
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	6.46%	
6 Target normal cost.....	6	778,000	

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>DAREN L ANDERSON JMA</u> Signature of actuary	<u>9/2/2016</u> Date
	<u>DAREN L. ANDERSON</u> Type or print name of actuary	<u>1406530</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>612-642-8600</u> Telephone number (including area code)
	<u>333 SOUTH 7TH STREET SUITE 1400 MINNEAPOLIS MN 55402</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 and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2014 v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>7.82%</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)		1,183
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.69%</u>		79
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		1,262
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	98.06%
15 Adjusted funding target attainment percentage	15	98.06%
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	93.35%
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
03/13/2015	249,000	0			
06/15/2015	249,000	0			
09/15/2015	249,000	0			
12/14/2015	249,000	0			
06/15/2016	5,610,000	0			
Totals ▶			18(b)	6,606,000	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	6,050,811

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:
4.99%2nd segment:
6.32%3rd segment:
6.99%☐ 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**

778,000

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

0

32 Amortization installments:**a Net shortfall amortization installment**

Outstanding Balance

Installment

4,318,889

4,189,892

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**

4,967,892

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.

0

0

0

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

4,967,892

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

6,050,811

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

1,082,919

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

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41 If an election was made to use PRA 2010 funding relief for this plan:****a Schedule elected**☐ 2 plus 7 years☒ 15 years**b Eligible plan year(s) for which the election in line 41a was made**☒ 2008☐ 2009☒ 2010☐ 2011**42 Amount of acceleration adjustment****42**

4,189,892

43 Excess installment acceleration amount to be carried over to future plan years**43**

677,736

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

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.

CALCULATION OF WEIGHTED AVERAGE RETIREMENT AGE**Salaried Employees**

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
<u>AGE</u>	<u>Retirement</u>	<u>Rates of Death</u>	<u>Disab.</u>	<u>Turnover</u>	<u>Lx TABLE</u>	<u># RETIRING</u>	<u># RET x AGE</u>
50	0%	0.00%	0.00%	0.00%	10,000	0	0
51	0%	0.00%	0.00%	0.00%	10,000	0	0
52	0%	0.00%	0.00%	0.00%	10,000	0	0
53	0%	0.00%	0.00%	0.00%	10,000	0	0
54	0%	0.00%	0.00%	0.00%	10,000	0	0
55	5%	0.30%	0.72%	0.00%	10,000	500	27,500
56	5%	0.33%	0.82%	0.00%	9,398	470	26,313
57	5%	0.36%	0.92%	0.00%	8,820	441	25,136
58	5%	0.40%	1.03%	0.00%	8,265	413	23,970
59	5%	0.44%	1.14%	0.00%	7,734	387	22,815
60	5%	0.49%	1.26%	0.00%	7,225	361	21,675
61	5%	0.54%	1.37%	0.00%	6,737	337	20,549
62	25%	0.59%	1.48%	0.00%	6,272	1,568	97,217
63	10%	0.65%	1.57%	0.00%	4,574	457	28,817
64	10%	0.70%	1.66%	0.00%	4,015	402	25,698
65	35%	0.76%	1.75%	0.00%	3,519	1,232	80,054
66	20%	0.81%	1.85%	0.00%	2,199	440	29,027
67	20%	0.86%	1.95%	0.00%	1,701	340	22,790
68	20%	0.91%	2.06%	0.00%	1,313	263	17,854
69	20%	0.95%	2.18%	0.00%	1,011	202	13,956
70	100%	0.99%	0.00%	0.00%	777	777	54,416
Totals:						8,590	537,788
Average Retirement Age						62.60871160	
						ARA 63.0	

The weighted average retirement age is the total for column H divided by the total for column G, rounded to the nearest integral age. It should be noted that while only integral values are shown in the table, the full content of each cell, including decimal portions, is used in the calculations.

The rates of disability are those of male members.

Non-Contributory Employees

Various retirement rates are used for a variety of early and normal retirement ages. Age 62 is the single assumed retirement age that results in the same liabilities as using the individual age retirement rates for various benefits.

Schedule SB, Part V — Summary of Plan Provisions

	Salaried Employees Only	Non-Contributory Employees Only	Reneer Employees Only
Effective Date	This plan was effective December 1, 2001 amended and restated effective as of December 1, 2004, most recently amended effective May 1, 2010. The Salaried Employees benefits were frozen effective May 31, 2009.	This plan was effective October 1, 1999 Merged into Consolidated Plan effective September 30, 2001, amended and restated effective as of December 1, 2004, most recently amended effective December 1, 2011. The Mogadore union employee benefits were frozen effective August 1, 2009. The Calhoun union employee benefits were frozen effective May 1, 2010. The Columbus union employee benefits were frozen effective August 15, 2010. The Jeannette union employee benefits were frozen effective December 1, 2011.	Original plan established on October 1, 1965, by Philips Films Co., Inc. Reneer Films Corporation adopted the plan on December 15, 1975. The plan was merged into the Consolidated Plan effective September 30, 2001, amended and restated effective as of December 1, 2004, most recently amended effective May 1, 2010.
Eligibility	Each salaried employee who is not covered under a collective bargaining agreement or another pension plan of the Company shall be a participant on his date of hire. Effective December 1, 2004 eligibility was frozen and no new Salaried Employees are eligible to participate in the Plan.	Each employee included in a collective bargaining unit to whom the benefits of the plan have been made available by agreement between the Company and the collective bargaining unit is eligible to participate in the plan provided the employee is not covered by another pension plan of the company. Eligibility was frozen and no new union employees at the following locations are eligible to participate in the Plan effective as indicated below: Jeannette – September 4, 2004 Mogadore – June 1, 2005 Calhoun – March 1, 2007 Columbus – August 15, 2010	All employees participate after completion of one year of Continuous Service and commencement of contributions to the Plan. Effective December 1, 2005 active participants accrue benefits under the Salaried Employees' plan formula. Effective January 1, 2004 eligibility was frozen and no new Reneer Employees are eligible to participate in the Plan.

Schedule SB, Part V — Summary of Plan Provisions

	Salaried Employees Only	Non-Contributory Employees Only	Reneer Employees Only
Participant Contributions	Effective December 1, 1979, participants no longer make contributions. Prior to December 1, 1979, participants could elect to make contributions and the plan includes minimum pension and death benefit provisions which result in the benefits payable in respect of each participant being at least equal to the benefits payable from such prior contributions plus interest. Such interest is calculated at the following rates:	N/A	The monthly amount of contributions to the Plan is 1.5% of monthly salary (excluding bonuses and commissions) up to \$550 and 3.5% of monthly salary in excess of \$550. Effective December 1, 2005, participants no longer make contributions. In the event of termination or death with no benefits payable under the Plan, the employee or his beneficiaries will receive a refund of his contributions with interest. Such interest will be calculated at the following rates:

Schedule SB, Part V — Summary of Plan Provisions

	Salaried Employees Only	Non-Contributory Employees Only	Reneer Employees Only										
Service Considered	Vesting Service begins on date of hire and ends on date of termination. It is calculated to completed twelfths of a year. Benefit Service is determined from an individual's period of Vesting Service. It is calculated to nearest twelfths of a year. Benefit Service for Reneer employees who previously did not participate in the plan who first entered the plan December 1, 2005 only includes Vesting Service earned on and after December 1, 2005. A participant's benefit service shall not include any Vesting Service granted or earned on or after May 31, 2009.	Years of Credited Service are determined from an individual's period of continuous employment (subject to certain enumerated exceptions). Partial years are computed in twelfths to the nearest full calendar month. Credited Service considers periods of employment with GenCorp before the spin-off date. No additional years of Credited Service shall be accrued under the plan for purposes of determining an Employee's benefit for the following union locations: <table><tr><th>Location</th><th>As of Date</th></tr><tr><td>Mogadore</td><td>August 1, 2009</td></tr><tr><td>Calhoun</td><td>May 1, 2010</td></tr><tr><td>Columbus</td><td>August 15, 2010</td></tr><tr><td>Jeannette</td><td>December 1, 2011</td></tr></table>	Location	As of Date	Mogadore	August 1, 2009	Calhoun	May 1, 2010	Columbus	August 15, 2010	Jeannette	December 1, 2011	Years of service computed on an elapsed-time basis (to the nearest 1/12th year). Effective May 31, 2009, a participant's benefit service shall not include any Vesting Service granted or earned on or after May 31, 2009.
Location	As of Date												
Mogadore	August 1, 2009												
Calhoun	May 1, 2010												
Columbus	August 15, 2010												
Jeannette	December 1, 2011												
Compensation Considered	Annual plan compensation for plan years commencing December 1, 1993 or later is the sum of the following amounts with respect to the 12-month period ending with the following November 30: (i) specific amounts paid to an employee (e.g., wages, overtime, commission, etc.) as listed in the plan document, and (ii) amounts deferred under Section 401(k) and 125 of the Code. Effective December 1, 1995, Annual Plan Compensation also includes amounts deferred under the Deferred Bonus Plan. Only Annual Compensation less than or equal to that specified by Code Section 401(a)(17), as adjusted by the Secretary of the Treasury, may be used to determine benefits. Annual plan compensation shall include only those amounts earned or paid through May 31, 2009.	N/A	Effective December 1, 2005, same as Salaried Employees.										

Schedule SB, Part V — Summary of Plan Provisions

	Salaried Employees Only	Non-Contributory Employees Only	Renewer Employees Only																																			
Average Annual Compensation	Average Plan Compensation means the highest consecutive sixty (60) months of compensation derived from Annual Plan Compensation amounts (but not considering any Annual Plan Compensation amounts after May 31, 2009).	N/A	N/A																																			
Average Social Security Wage Base	Average Social Security Wage Base is the average (rounded to the nearest whole multiple of \$600) of the taxable wage bases for the thirty-five (35) calendar years ending with the calendar year containing the December 1 prior to date of termination.	N/A	N/A																																			
Accrued Monthly Pension	N/A	An individual's Accrued Monthly Pension is equal to the product of the appropriate benefit rate(s) and Years of Credited Service as follows.<table><tr><th>Location</th><th>New Entrants</th><th>Benefit Level</th><th>Death Benefit</th><th>Supplement</th></tr><tr><td>Columbus</td><td>Closed</td><td>\$34.00</td><td>\$3,500</td><td>No</td></tr><tr><td>Jeannette</td><td>Closed</td><td>\$29.00</td><td>\$2,750</td><td>Yes</td></tr><tr><td>Mogadore</td><td>Closed</td><td>\$32.00</td><td>\$1,750</td><td>Yes</td></tr><tr><td>Calhoun</td><td>Closed</td><td>\$19.00 x (Service > 3/1/98) + \$7.50 x (Service)</td><td>\$0</td><td>No</td></tr><tr><td>Chester</td><td>Closed</td><td>\$25.25</td><td>\$0</td><td>No</td></tr><tr><td>Newcomerstown</td><td>Discontinued</td><td>\$19.00</td><td>\$0</td><td>No</td></tr></table>	Location	New Entrants	Benefit Level	Death Benefit	Supplement	Columbus	Closed	\$34.00	\$3,500	No	Jeannette	Closed	\$29.00	\$2,750	Yes	Mogadore	Closed	\$32.00	\$1,750	Yes	Calhoun	Closed	\$19.00 x (Service > 3/1/98) + \$7.50 x (Service)	\$0	No	Chester	Closed	\$25.25	\$0	No	Newcomerstown	Discontinued	\$19.00	\$0	No	N/A
Location	New Entrants	Benefit Level	Death Benefit	Supplement																																		
Columbus	Closed	\$34.00	\$3,500	No																																		
Jeannette	Closed	\$29.00	\$2,750	Yes																																		
Mogadore	Closed	\$32.00	\$1,750	Yes																																		
Calhoun	Closed	\$19.00 x (Service > 3/1/98) + \$7.50 x (Service)	\$0	No																																		
Chester	Closed	\$25.25	\$0	No																																		
Newcomerstown	Discontinued	\$19.00	\$0	No																																		

Schedule SB, Part V — Summary of Plan Provisions

	Salaried Employees Only	Non-Contributory Employees Only	Reneer Employees Only
Normal Retirement Benefit	At age 65 an individual is entitled to the greater of: <u>Benefit 1</u> is a "career average" pay formula that credits for Benefit Service from date of hire until thirty-five (35) years of total Benefit Service are completed. It is calculated based on 1.625% of Annual Plan Compensation for the year up to the Average Social Security Wage Base plus 2.0% of Annual Plan Compensation for the year in excess of the Average Social Security Wage Base. After thirty-five (35) years of Benefit Service the multiplier is 2% of Annual Plan Compensation. <u>Benefit 2</u> is the sum of two pieces. The first piece is a "final" pay formula that credits for all Benefit Service prior to December 1, 2004, until thirty-five (35) years of total Benefit Service are completed. It is calculated based on 1.125% of Average Plan Compensation up to the Average Social Security Wage Base plus 1.5% of Average Plan Compensation in excess of the Average Social Security Wage Base. The benefit credited after thirty-five (35) years of Benefit Service is 1.5% of Average Plan Compensation multiplied by years of Benefit Service in excess of thirty-five (35). The second piece is a "career average" pay formula that credits for Benefit Service from December 1, 2004 until thirty-five (35) years of total Benefit Service are completed. It is calculated based on 1.625% of Annual Plan Compensation for the year up to the Average Social Security Wage Base plus 2.0% of Annual Plan Compensation for the year in excess of the Average Social Security Wage Base. After thirty-five (35) years of Benefit Service the multiplier is 2% of Annual Plan Compensation. Effective May 31, 2009, all benefits were frozen.	At age 65 an individual is entitled to receive his Accrued Monthly Pension. The Mogadore union employee benefits were frozen effective August 1, 2009. The Calhoun union employee benefits were frozen effective May 1, 2010. The Columbus union employee benefits were frozen effective August 15, 2010. The Jeannette union employee benefits were frozen effective December 1, 2011.	The age 65 benefit consists of the sum of: <u>Benefit 1</u> is a monthly pension, paid on a straight-life basis equal to 1/24th of the employee's contributions to the Plan. This monthly amount consists of contributions made before December 1, 2005 only. <u>Benefit 2</u> is the benefit described in the Salaried Employees only Section of the provisions. This benefit begins accruing December 1, 2005 under the "career average" formula. Effective May 31, 2009, all benefits were frozen.

Schedule SB, Part V — Summary of Plan Provisions

	Salaried Employees Only	Non-Contributory Employees Only	Reneer Employees Only
Late Retirement Benefit	Benefit Service credited and Annual Plan Compensation earned after attainment of age 65 are used in the calculation of benefits for an individual who retires after age 65.	Years of Credited Service completed after attainment of age 65 are used in the calculation of benefits for an individual who retires at age 65.	Same as Salaried Employees.
Early Retirement Benefit	<u>Eligibility</u> – Attainment of age 55 and the completion of ten (10) years of Vesting Service <u>Benefit</u> – Effective December 1, 2004, early retirement benefits will be calculated according to a wear-away amendment which is based on the greater of a participant's: (a) Accrued benefit at November 30, 2004 with application of subsidized early retirement factors of 0.4% per month for each full month that benefit commencement date precedes the individual's 62nd birthday. (b) Accrued benefit at November 30, 2004 plus "Career average" pay benefit (as defined above in Normal Retirement Benefit) going forward with application of early retirement factors based on actuarial equivalence prior to age 65. Prior to December 1, 2004, an individual was entitled to receive an immediate benefit based on Annual Plan Compensation and Benefit Service to date but reduced 0.4% per month for each full month that benefit commencement date precedes the individual's 62nd birthday. Special benefits are payable to participants at certain locations if the participant retires before age 62 after completing thirty (30) or more years of Vesting Service.	<u>Regular Early</u> – After attainment of age 55 (but before 62) and the completion of ten (10) Years of Credited Service (but not thirty (30) years), an individual is entitled to receive an immediate benefit equal to his Accrued Monthly Pension but reduced 0.4% per month for each full month that benefit commencement date precedes the individual's 62nd birthday. <u>Special Early</u> – After attainment of age 62 and the completion of ten (10) Years of Credited Service, an individual is entitled to receive an immediate benefit equal to his Accrued Monthly Pension <u>"55/30" Early</u> – After attainment of age 55 (but before age 62) and the completion of thirty (30) Years of Credited Service, an individual is entitled to receive an immediate benefit equal to his Accrued Monthly Pension plus a supplement payable to age 62. The supplement is equal to the excess of the applicable amount set forth in the Plan (which ranges from \$642 to \$1,200 depending on age and Years of Credited Service at time of termination) over the individual's Accrued Monthly Pension. <u>"30" Early</u> – After completion of thirty (30) Years of Credited Service (but before age 55), an individual is entitled to receive an immediate benefit equal to his Accrued Monthly Pension.	<u>Eligibility</u> – Attainment of age 55 and (i) 10 years of Continuous Service, or (ii) years of age plus Continuous Service equal at least 70. <u>Benefit</u> – Accrued normal retirement benefit, reduced 4/10% for each month that commencement of benefits precedes age 65 for <u>Benefit 1</u> and age 62 for <u>Benefit 2</u>.

Schedule SB, Part V — Summary of Plan Provisions

	Salaried Employees Only	Non-Contributory Employees Only	Reneer Employees Only
Deferred Vested Benefit	Eligibility: Five years of Vesting Service. Benefit: The accrued normal retirement benefit payable as early as age 55, but reduced actuarially for each month that commencement of benefits precedes age 65.	Eligibility: Five Years of Credited Service. Benefit: The accrued normal retirement benefit payable as early as age 55, but reduced actuarially for each month that commencement of benefits precedes age 65.	Eligibility: Five years of Continuous Service or age 55. Benefit: The accrued normal retirement benefit payable as early as age 55, but reduced actuarially for each month that commencement of benefits precedes age 65.
Normal Form of Benefits	The normal form of benefit payment under the plan is payable: (i) on a reduced 50% Joint and Survivor basis, if the employee is married, or (ii) on a straight-life basis otherwise.	The normal form of benefit payment under the plan is payable: (i) on a reduced 50% Joint and Survivor basis, if the employee is married, or (ii) on a straight-life basis with the first five (5) years of payments certain to be made otherwise. The “five (5) years of payments certain to be made” feature is not applicable to a disabled individual if he dies before age 55.	The normal form of benefit payment under the plan is payable: (i) on a reduced 50% Joint and Survivor basis, if the employee is married, or (ii) on a straight-life basis otherwise.
Disability Benefit	If a participant becomes disabled, has completed 10 years of vesting service, and is entitled to receive Social Security disability benefits, the participant will continue to accrue Benefit Service and Vesting Service and his Annual Plan Compensation will remain at the same amount as it was prior to his becoming disabled. Such accruals will continue until he retires or is no longer disabled. A participant's benefit service shall not include any service granted or earned on or after June 1, 2009.	If a participant becomes disabled after completing ten (10) Years of Credited Service, the participant is entitled to receive (beginning with the first day of the month following five (5) full months of disability) an Accrued Monthly Pension based on Years of Credited Service completed up through date of disability and payable during continuance of disability to age 65 and for life thereafter. An additional benefit is paid before age 65 if the participant is not eligible for Social Security disability benefits.	If a participant becomes disabled after ten 10 years of Continuous Service, the participant is eligible for the accrued normal retirement benefit, payable as early as age 55 on a reduced basis.

Schedule SB, Part V — Summary of Plan Provisions

	Salaried Employees Only	Non-Contributory Employees Only	Reneer Employees Only
Death Benefit	If a participant dies after completing five (5) years of Vesting Service and is survived by a spouse to whom he was married for at least one (1) year, his spouse is entitled to receive a benefit determined as if the participant had terminated on the day before he died and elected to receive his benefits in the form of a 50% joint and survivor annuity when he was first eligible to retire. The cost of these benefits is paid by the Company while the employee is active; upon termination, a vested employee may continue such coverage but at a cost to the employee.	<u>Regular</u> - If a participant dies after completing five (5) Years of Credited Service and is survived by a spouse to whom he was married for at least one (1) year, his spouse is entitled to receive a benefit determined as if the participant had terminated on the day before he died and elected to receive his benefits in the form of a 50% joint and survivor annuity when he was first eligible to retire. <u>Special</u> - If an active participant dies between the ages of 62 and 64 after completing ten (10) Years of Credited Service, five (5) years of payments equal to his Accrued Monthly Pension are payable in lieu of the first five (5) years of payments under the Regular Pre-retirement Death Benefit. <u>Postretirement</u> - Upon the death of a pensioner (other than a pensioner receiving a deferred vested benefit), a single payment equal to the amount specified above is payable to his surviving spouse.	<u>Pre-retirement Death Benefit</u> - Upon death after becoming fully vested, provided the employee had been married for at least one year. The surviving spouse shall receive a benefit under either (i) or (ii), as applicable. (i) If death occurs after age 55, the benefit is the amount that would have been paid had the employee retired on the date of his death and elected a 100% Joint and Survivor Option. (ii) If death occurs prior to age 55, the benefit is the amount that would have been paid if the employee had terminated on the day of his death, survived to age 55, retired under the 50% Joint and Survivor Option and immediately died. These benefits will not commence until the date the employee would have turned age 55.
Shutdown Benefits	N/A	At certain locations the Plan provides for special pension benefits in the event of discontinuance of operations. These benefits are not reflected in the ongoing valuation of the Plan, except for such benefits arising from discontinuances prior to the valuation date.	N/A

Schedule SB, Part V — Summary of Plan Provisions

	Salaried Employees Only	Non-Contributory Employees Only	Reneer Employees Only
Supplemental / Special Benefits	Eligibility: Age 55 and 30 Years of Vesting Service but not age 62 Benefit: Temporary Monthly benefit until age 62 based on age/service chart as defined in the attached Schedule to the Salaried Plan The Salaried Employees benefits were frozen effective May 31, 2009	Jeannette Eligibility: Age 55 and 30 Years of Continuous Service but not age 62 Benefit: Starting at \$900 and increasing \$10 per year of attained age and \$36 per year of service at date of commencement until age 62 Mogadore Eligibility: Age 55 and 30 Years of Credited Service but not age 62 Benefit: For those retiring after June 1, 2001, benefit starting at \$810 and increasing until \$1,248 based on age/service chart at commencement as defined in Schedule B-5 of the plan document. Benefit paid until age 62	N/A
Actuarial Equivalence	GAM83 (set back 2 years for Participant and 4 years for Spouse) and 8.5%	1951 Group Annuity Table (set back 2 years for Participant and 5 years for Spouse) and 6%	UP84 and 6%

Schedule SB, Part V — Summary of Plan Provisions

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded.
- **Late retirement increases:**
 - *Active participants:* The plan provides a suspension of benefits notice to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70 ½. This valuation does not include increases for current active participants over age 70 ½ since there is currently only one active participant over age 70 ½ and the impact would not be material.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **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.
 - *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.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** This valuation does not value the plan's unpredictable contingent event benefits (see shutdown benefits in Summary of Major Plan Provisions) because the likelihood of an event is de minimis.

Plan Provision Changes Since Prior Valuation

- Maximum benefit amounts under IRS rules were updated from 2013 to 2014.

OMNOVA Solutions Consolidated Pension Plan

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of November 30, 2015

Employee Identification number: 34-1897652

Plan Number: 001

Identity of Issue, Borrower, Lessor or Similar Party	Description of including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
SEI Large Cap Index Fund*	317,104 shares	\$ 41,321,057	\$ 52,743,969
SEI World Equity EX-US Fund Class A*	2,090,837 shares	23,817,384	23,563,736
SEI Structured Credit Collective Fund*	11,833 units	4,596,644	22,166,966
SEI High Yield Bond Fund 284*	1,297,142 shares	12,313,778	11,090,563
SEI Dynamic Asset Allocation Fund*	606,372 shares	10,287,238	10,223,433
SEI Core Fixed Income Fund 285*	1,368,496 shares	14,101,511	14,314,471
SEI Emerging Markets Debt Fund*	997,399 shares	10,933,737	8,926,721
SEI Extended Market Index*	666,629 shares	7,326,660	8,659,512
SEI Emerging Market Equities*	1,179,475 shares	11,751,896	9,990,154
SEI Core Property Collective Fund*	13,163 shares	21,000,000	23,137,312
SEI Energy Debt Collective Investment Trust Fund*	11,000 shares	11,000,000	9,671,170
Realty Associates Fund VII Corp. LP	5,000 shares	5,000,000	1,120,492
GIFHREC Bencia Group Trust	282,900 units	2,482,520	282,900
		\$ 175,932,425	\$ 195,891,399

* Indicates party-in-interest to the Plan

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by the Pension Protection Act of 2006 (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	2014 Installment
2008	\$	39,760,507	6.53	\$ 9,796,739 ¹
2009		(754,680)	2	(386,526)
2010		14,366,166	5.08	5,215,012 ¹
2011		(2,464,702)	4	(661,887)
2012		(36,893,924)	5	(8,114,315)
2013		(1,672,080)	6	(316,511)
2014		(8,022,398)	7	(1,342,620)
Total	\$	4,318,889		\$ 4,189,892

¹ An installment acceleration amount was applied in 2014 and increased the minimum required contribution by \$4,189,892 and will reduce the final amortization payments and years remaining of these two installments. The \$3,357,222 installment acceleration amount is added separately to the amortization installments for each election year. The 2010 base was limited by the cumulative limit resulting in a carryover amount of \$677,736. The installment amounts for the final partial remaining years are \$3,443,853 for the 2008 base and \$214,958 for the 2010 base.

Schedule SB, line 24 — Change in Actuarial Assumptions

The administrative expense component of normal cost decreased from \$993,000 to \$778,000 to reflect our expectations for the current plan year.