

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>12/01/2016</u> and ending <u>11/30/2017</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>OMNOVA SOLUTIONS CONSOLIDATED PENSION PLAN</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 (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OMNOVA SOLUTIONS, INC.</u> <u>25435 HARVARD ROAD</u> <u>BEACHWOOD, OH 44122-6201</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	Filed with authorized/valid electronic signature.	09/17/2018	PAUL F. 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)			Preparer's telephone number

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 2986
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 419 6a(2) 367 6b 1452 6c 670 6d 2489 6e 355 6f 2844 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 1E 1I 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 2016 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2016 or fiscal plan year beginning 12/01/2016 and ending 11/30/2017

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

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

A Name of plan <u>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 or 5500-SF <u>OMNOVA SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>34-1897652</u>
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>2016</u>	
2 Assets:	
a Market value	2a <u>197026770</u>
b Actuarial value	2b <u>201586658</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>1786</u> <u>149651639</u> <u>149651639</u>
b For terminated vested participants.....	<u>804</u> <u>40795815</u> <u>40795815</u>
c For active participants.....	<u>419</u> <u>27861944</u> <u>28244895</u>
d Total.....	<u>3009</u> <u>218309398</u> <u>218692349</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.01 %</u>
6 Target normal cost.....	6 <u>2660000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>08/31/2018</u>
	Signature of actuary	Date
<u>DAREN L. ANDERSON</u>	Type or print name of actuary	<u>17-06530</u>
<u>MERCER</u>	Firm name	Most recent enrollment number
<u>333 SOUTH 7TH STREET STE 1400 MINNEAPOLIS, MN 55402</u>	Address of the firm	<u>612-642-8600</u>
		Telephone number (including area code)

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

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

**Schedule SB (Form 5500) 2016
v. 160205**

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)		1152876
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		390000
9	Amount remaining (line 7 minus line 8)		762876
10	Interest on line 9 using prior year's actual return of <u>7.81</u> %		59581
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		878
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>6.22</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		69
c	Total available at beginning of current plan year to add to prefunding balance		947
d	Portion of (c) to be added to prefunding balance		947
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	823404

Part III Funding Percentages			
14	Funding target attainment percentage	14	91.80%
15	Adjusted funding target attainment percentage	15	91.80%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.31%
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
03/15/2017	300000				
07/14/2017	5116000				
06/15/2018	2750000				
08/14/2018	2750000				
Totals ►			18(b)	10916000	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	10234372
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.43% 2nd segment: 5.91% 3rd segment: 6.65%	☐ 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	
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	2660000
b	Excess assets, if applicable, but not greater than line 31a	31b	
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	17929095	1345870
b	Waiver amortization installment		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	4005870
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	299000	299000
36	Additional cash requirement (line 34 minus line 35)	36	3706870
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	10234372
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	6527502
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	299000
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☒ 2008 ☐ 2009 ☒ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	
43	Excess installment acceleration amount to be carried over to future plan years	43	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 12/01/2016 and ending 11/30/2017

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 OMNOVA SOLUTIONS, INC.	D Employer Identification Number (EIN) 34-1897652

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

☐ Yes ☒ No
- b

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

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

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

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

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

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

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

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

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

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

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

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

(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		1067781	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

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		515150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEADEN & MOORE

34-1818258

(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		16750	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		13024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2016 or fiscal plan year beginning 12/01/2016 and ending 11/30/2017

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)
--------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI STRUCTURED CREDIT COLLECTIVE FU</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>30637203</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI CORE PROPERTY COLLECTIVE</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>27-3224429-045</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>23676402</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI ENERGY DEBT COLLECTIVE INVESTME</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>47-4093583-082</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>12360162</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)

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) 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 2016 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2016 or fiscal plan year beginning <u>12/01/2016</u> and ending <u>11/30/2017</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)	519270	5500000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	82125	86107
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2380	0
(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)	314629	282900
(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)	60036372	66673767
(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)	136028588	149497149
(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	196983364	222039923

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	346052	429278
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	346052	429278

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	196637312	221610645
---	-----------	-----------	-----------

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)	10916000	
(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)		10916000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	366	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		366
(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)	3306385	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3306385
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	7175114	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7174026	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1088
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6637395	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		6637395

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		23461498
(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)		
c Other income.....	2c		19587
d Total income. Add all income amounts in column (b) and enter total.....	2d		44342319

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16071357	
(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)		16071357
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)	544924	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1067781	
(4) Other	2i(4)	1684924	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3297629
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19368986

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		24973333
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: MEADEN & MOORE, LTD.

(2) EIN: 34-1818258

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4071601. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2016 or fiscal plan year beginning 12/01/2016 and ending 11/30/2017

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	
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>99</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
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

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: <u>63.9</u> % Investment-Grade Debt: <u>5.7</u> % High-Yield Debt: <u>5.2</u> % Real Estate: <u>0.1</u> % Other: <u>25.1</u> %	
	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):	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

OMNOVA Solutions Consolidated Pension Plan

Audited Financial Statements and Supplemental Schedule

As of November 30, 2017 and 2016 and for the Years ended November 30, 2017 and 2016
with Independent Auditor's Report

OMNOVA Solutions Consolidated Pension Plan

Audited Financial Statements and Supplemental Schedule

As of November 30, 2017 and 2016 and for the
Years ended November 30, 2017 and 2016

Contents

Independent Auditor's Report	3
Audited Financial Statements	
Statement of Net Assets Available for Benefits	5
Statement of Change in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplemental Schedule:	
Schedule H, Line 4i -Schedule of Assets (Held at End of Year)	18
Schedule H, Line J-Schedule of Reportable Transactions	19



INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator
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 statement of net assets available for benefits as of November 30, 2017 and 2016 and the related statement of changes in net assets available for benefits for the years ended November 30, 2017 and 2016 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by SEI Investment Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of November 30, 2017 and 2016, and for the years ended November 30, 2017 and 2016, that the information provided to the plan administrator by the trustee 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 the accompanying financial statements.

Other Matter – Supplemental Information

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of November 30, 2017 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

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

Meaden & Moore, Ltd.
Cleveland, Ohio

September 13, 2018

OMNOVA Solutions Consolidated Pension Plan
Statements of Net Assets Available for Benefits
as of November 30, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Assets:		
Investments, at fair value:		
Money market funds	\$ —	\$ 2,380
Registered investment companies	149,497,149	136,028,588
Common/Collective trust funds	66,673,767	60,036,372
Real estate partnerships	282,900	314,629
Total Investments	<u>216,453,816</u>	<u>196,381,969</u>
Receivables:		
Contributions receivable	5,500,000	519,270
Accrued investment income	86,107	82,125
Total Receivables	<u>5,586,107</u>	<u>601,395</u>
Total Assets	<u>222,039,923</u>	<u>196,983,364</u>
Liabilities:		
Accrued administrative expenses	(429,278)	(346,052)
Total Liabilities	<u>(429,278)</u>	<u>(346,052)</u>
Net Assets Available for Benefits	<u><u>\$ 221,610,645</u></u>	<u><u>\$ 196,637,312</u></u>

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

OMNOVA Solutions Consolidated Pension Plan
Statement of Changes in Net Assets Available for Benefits
for the years ended November 30, 2017 and 2016

	2017	2016
Additions:		
Investment income:		
Interest and dividends	\$ 3,326,338	\$ 4,518,092
Net appreciation in fair value of investments	30,099,981	11,748,639
Employer contributions	10,916,000	2,547,378
Total additions	<u>44,342,319</u>	<u>18,814,109</u>
Deductions:		
Benefits paid to participants	16,071,357	17,751,130
Administrative expenses	3,297,629	3,048,186
Total deductions	<u>19,368,986</u>	<u>20,799,316</u>
Net increase (decrease) in net assets available for benefits	<u>24,973,333</u>	<u>(1,985,207)</u>
Net Assets Available for Benefits, Beginning of Year	<u>196,637,312</u>	<u>198,622,519</u>
Net Assets Available for Benefits, End of Year	<u><u>\$221,610,645</u></u>	<u><u>\$196,637,312</u></u>

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

OMNOVA Solutions Consolidated Pension Plan

Notes to Financial Statements

NOTE A - DESCRIPTION OF THE PLAN

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

General

The Plan is a defined benefit 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 participants through the effective dates became fully vested with the affected participants 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. This 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 91 term vested Plan participant's elections processed in 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 this program. The Plan has not determined if future programs will be offered.

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 ("IRS") as amended by the Pension Protection Act ("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 \$10,916,000 for 2017 of which \$5,500,000 was contributed in 2018. Company contributions totaled \$2,547,378 for 2016 of which \$519,270 was contributed in 2017.

OMNOVA Solutions Consolidated Pension Plan

Notes to Financial Statements

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 % of the first \$550 of monthly earnings plus 3½ % of monthly earnings in excess of \$550. Current employees' accumulated contributions were \$617,862 at November 30, 2017 and \$745,260 at November 30, 2016. Interest on the accumulated contributions were credited at 1.76% and 2.01% for the years ended November 30, 2017 and 2016, 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 participants 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 Plan's Trustee reimburses 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, 2017 and 2016, 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.

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;

OMNOVA Solutions Consolidated Pension Plan

Notes to Financial Statements

- 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, after the payouts listed above have been made, would revert back to the Company.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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 or depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

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.

Plan Expenses

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 are paid by the Company.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

OMNOVA Solutions Consolidated Pension Plan

Notes to Financial Statements

Subsequent Events

The Plan has evaluated subsequent events through September 13, 2018, the date the financial statements were available to be issued. Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

NOTE C - ACCUMULATED PLAN BENEFITS

The Plan's 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 total actuarial present value of accumulated plan benefits as of December 1, 2016, is as follows:

Vested benefits:

Participants currently receiving payments	\$ 134,365,364
Other participants	58,786,575
	<u>193,151,939</u>
Non-vested benefits	<u>1,064,834</u>

Total actuarial present value of accumulated plan benefits	<u><u>\$ 194,216,773</u></u>
---	-------------------------------------

The total actuarial present value of accumulated plan benefits experienced the following changes from December 1, 2015 to December 1, 2016:

Total actuarial present value of accumulated plan benefits at December 1, 2015	\$ 194,192,474
Increase (decrease) due to:	
Actuarial (gains) losses	(283,665)
Increase for interest due to decrease in discount period	14,212,450
Benefits paid	(17,751,130)
Change in actuarial assumptions	3,846,644
Net decrease	<u><u>24,299</u></u>
Total actuarial present value of accumulated plan benefits at December 1, 2016	<u><u>\$ 194,216,773</u></u>

OMNOVA Solutions Consolidated Pension Plan

Notes to Financial Statements

Significant assumptions underlying the actuarial computations are:

- Expected rate of return on assets: 7.70% (2016); 7.70% (2015)
- Average retirement age: Varies by age (55 to 70), depending on the employment group
- Life expectancy: Mercer-modified version of the RP-2014 table (MRP-2007) - Pre-retirement and Mercer Industry Longevity Experience Study (MILES) table - Post-retirement (2016 and 2015)

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:

	2017	2016
Investments, at fair value:		
Money market funds	\$ —	\$ 2,380
Registered investment companies	149,497,149	136,028,588
Common/Collective trust funds	66,673,767	60,036,372
	<u>\$216,170,916</u>	<u>\$196,067,340</u>
Investment income:		
Interest and dividends	\$ 3,326,338	\$ 4,518,092
Net appreciation in fair value of investments:		
Registered investment companies	23,461,468	5,299,951
Common/Collective trust funds	6,637,395	3,753,626
	<u>30,098,863</u>	<u>9,053,577</u>
	<u>\$ 33,425,201</u>	<u>\$ 13,571,669</u>

Notes to Financial Statements

NOTE E - FAIR VALUE MEASUREMENTS

Investments are recorded at fair value as prescribed under Accounting Standards Codification ("ASC") "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, or inputs used to value the assets. The three levels are:

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

Level 2 - Observable market 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.

There have been no changes in the methodologies used at November 30, 2017 and 2016. A description of the valuation methodologies used for assets measured at fair value is as follows:

- Money market funds are valued at a Net Asset Value ("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 collective trust 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.

OMNOVA Solutions Consolidated Pension Plan

Notes to Financial Statements

- For Level 3 investments, the Benefits Committee of OMNOVA, which is comprised of certain employees 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.

OMNOVA Solutions Consolidated Pension Plan

Notes to Financial Statements

The following financial assets were measured at fair value as of November 30, 2017:

	Total	Level 1	Level 2	Level 3
Registered investment companies	\$ 149,497,149	\$ 149,497,149	\$ —	\$ —
Real estate partnerships	282,900	—	—	282,900
Total assets in the fair value hierarchy	<u>\$ 149,780,049</u>	<u>\$ 149,497,149</u>	<u>\$ —</u>	<u>\$ 282,900</u>
Investments measured at net asset value:				
Common/Collective trust funds	66,673,767			
Total assets at fair value	<u><u>\$216,453,816</u></u>			

The following financial assets were measured at fair value as of November 30, 2016:

	Total	Level 1	Level 2	Level 3
Registered investment companies	\$136,028,588	\$136,028,588	\$ —	\$ —
Real estate partnerships	314,629	—	—	314,629
Money Market Funds	2,380	2,380	—	—
Total assets in the fair value hierarchy	<u>\$136,345,597</u>	<u>\$136,030,968</u>	<u>\$ —</u>	<u>\$ 314,629</u>
Investments measured at net asset value:				
Common/Collective trust funds	60,036,372			
Total assets at fair value	<u><u>\$196,381,969</u></u>			

For the years ended November 30, 2017 and 2016, there were no significant transfers between levels.

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

	Real Estate Partnerships
Beginning balance, December 1, 2016	\$ 314,629
Sales, settlements, or return of capital	(32,817)
Total gains (losses) included in earnings	1,088
Ending balance, November 30, 2017	<u><u>\$ 282,900</u></u>

	Real Estate Partnerships
Beginning balance, December 1, 2015	\$ 1,403,392
Sales, settlements, or return of capital	(1,081,473)
Total gains (losses) included in earnings	(7,290)
Ending balance, November 30, 2016	<u><u>\$ 314,629</u></u>

OMNOVA Solutions Consolidated Pension Plan

Notes to Financial Statements

The following table sets forth a summary of the Plan's investment with a reported NAV as of November 30, 2017 and 2016.

	Fair Value	
	2017	2016
SEI Structured Credit Collective Fund ^(a)	\$ 30,637,203	\$ 26,840,300
SEI Core Property Collective Fund ^(b)	23,676,402	21,801,962
SEI Energy Debt Collective Investment Trust Fund ^(c)	12,360,162	11,394,110
	<u>\$ 66,673,767</u>	<u>\$ 60,036,372</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. 10% of the redemption value may be held in escrow until the completion of the Trust's annual audit. The Plan has satisfied all funding obligations related to this investment.

^b The SEI Core Property Collective Fund permits a quarterly redemption upon request and at the discretion of the adviser, however, a 65 day redemption notification period is required. The Trustee may limit the value of withdrawals, at their discretion. 10% of the redemption value may be held in escrow until the completion of the Trust's annual audit. 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, held back on final redemptions, with limitations such as, if redemption exceeds 50% of interest in the fund, redemption is distributed out 50% of net asset value on first redemption date, 50% at subsequent redemption date. 10% of the redemption value may be held in escrow until the completion of the Trust's annual audit. 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.

The Plan Administrator 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, 2017, 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

OMNOVA Solutions Consolidated Pension Plan

Notes to Financial Statements

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 Schedule

OMNOVA Solutions Consolidated Pension Plan
Employer Identification Number: 34-1897652
Plan Number: 001
Schedule H, Line 4i - Schedule Of Assets
(Held At End Of Year)
As of November 30, 2017

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Investment Rate of Interest, Collateral, Par or Maturity Value		Current Value
		Cost	
SEI Large Cap Index Fund*	221,661 shares	\$ 30,578,901	\$ 44,507,317
SEI World Equity EX-US Fund Class A*	2,820,823 shares	33,678,985	39,181,231
SEI Structured Credit Collective Fund*	12,433 units	6,768,948	30,637,203
SEI High Yield Bond Fund 284*	1,245,765 shares	11,629,349	11,286,628
SEI Dynamic Asset Allocation Fund*	523,840 shares	8,852,717	10,654,908
SEI Core Fixed Income Fund 285*	1,073,212 shares	11,058,578	11,000,426
SEI Emerging Markets Debt Fund*	925,220 shares	9,900,303	9,650,042
SEI Extended Market Index*	688, 779 shares	7,881,947	10,882,708
SEI Emerging Market Index*	1,083,822 shares	10,533,122	12,333,889
SEI Core Property Collective*	11,231 shares	17,917,492	23,676,402
SEI Energy Debt Collective Investment Trust*	11,000 shares	11,000,000	12,360,162
GIFHREC Bencia Group Trust	282,900 units	225,668	282,900
		<u>\$ 160,026,010</u>	<u>\$ 216,453,816</u>

* Indicates party-in-interest to the Plan

OMNOVA Solutions Consolidated Pension Plan

Employer Identification Number: 34-1897652

Plan Number: 001

Schedule H, Line 4j - Schedule Of Reportable Transactions

Category (iii) - Series of transactions in excess of 5% of plan assets

As of November 30, 2017

Description of Investment	Purchase Price	Selling Price	Cost	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SEI Word Equity EX-US Fund	\$ —	\$ 3,725,741	\$ 3,335,315	\$ 3,335,315	\$ 390,426
SEI Word Equity EX-US Fund	\$ 12,336,275	\$ —	\$ 12,336,275	\$ 12,336,275	\$ —
SEI Large Cap Index Fund	\$ —	\$ 18,594,484	\$ 13,494,297	\$ 13,494,297	\$ 5,100,187
SEI Large Cap Index Fund	\$ 3,668,264	\$ —	\$ 3,668,264	\$ 3,668,264	\$ —

There were no category (i), (ii), or (iv) reportable transactions for the year ended November 30, 2017.

*Schedule SB, Part V — Summary of Plan Provisions***SUMMARY OF MAJOR 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, 2012, most recently amended effective September 30, 2015. 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, 2012, most recently amended effective September 30, 2015. 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, 2012, most recently amended effective September 30, 2015. The Reneer Employees benefits were frozen effective May 31, 2009.

Schedule SB, Part V — Summary of Plan Provisions

	SALARIED EMPLOYEES ONLY	NON-CONTRIBUTORY EMPLOYEES ONLY	RENEER EMPLOYEES ONLY								
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: <table><tr><td>Jeannette</td><td>September 4, 2004</td></tr><tr><td>Mogadore</td><td>June 1, 2005</td></tr><tr><td>Calhoun</td><td>March 1, 2007</td></tr><tr><td>Columbus</td><td>August 15, 2010</td></tr></table>	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.
Jeannette	September 4, 2004										
Mogadore	June 1, 2005										
Calhoun	March 1, 2007										
Columbus	August 15, 2010										

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: <table><tr><th>Plan Year Beginning December 1</th><th>Annual Interest Rate</th></tr><tr><td>1976 through November 30, 1980</td><td>5.00%</td></tr><tr><td>1980 through November 30, 1988</td><td>6.00</td></tr><tr><td>1988</td><td>10.61</td></tr><tr><td>1989</td><td>9.70</td></tr><tr><td>1990</td><td>10.25</td></tr><tr><td>1991</td><td>8.51</td></tr><tr><td>1992</td><td>7.40</td></tr></table>	Plan Year Beginning December 1	Annual Interest Rate	1976 through November 30, 1980	5.00%	1980 through November 30, 1988	6.00	1988	10.61	1989	9.70	1990	10.25	1991	8.51	1992	7.40	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: <table><tr><th>Calendar Years</th><th>Annual Interest Rate</th></tr><tr><td>Before 1976</td><td>3.00%</td></tr><tr><td>1976</td><td>5.00</td></tr><tr><td>1977-1987</td><td>6.00</td></tr><tr><td>1988</td><td>10.61</td></tr><tr><td>1989</td><td>11.11</td></tr><tr><td>1990</td><td>9.57</td></tr><tr><td>1991</td><td>9.78</td></tr><tr><td>1992</td><td>8.10</td></tr></table>	Calendar Years	Annual Interest Rate	Before 1976	3.00%	1976	5.00	1977-1987	6.00	1988	10.61	1989	11.11	1990	9.57	1991	9.78	1992	8.10
Plan Year Beginning December 1	Annual Interest Rate																																				
1976 through November 30, 1980	5.00%																																				
1980 through November 30, 1988	6.00																																				
1988	10.61																																				
1989	9.70																																				
1990	10.25																																				
1991	8.51																																				
1992	7.40																																				
Calendar Years	Annual Interest Rate																																				
Before 1976	3.00%																																				
1976	5.00																																				
1977-1987	6.00																																				
1988	10.61																																				
1989	11.11																																				
1990	9.57																																				
1991	9.78																																				
1992	8.10																																				

Schedule SB, Part V — Summary of Plan Provisions

	SALARIED EMPLOYEES ONLY		NON-CONTRIBUTORY EMPLOYEES ONLY	RENEER EMPLOYEES ONLY	
Participant Contributions (Continued)	1993	6.10		1993	7.63
	1994	9.33		1994	6.40
	1995	7.12		1995	9.54
	1996	7.59		1996	6.89
	1997	7.25		1997	7.34
	1998	5.42		1998	7.13
	1999	7.46		1999	5.59
	2000	7.07		2000	7.47
	2001	4.78		2001	6.75
	2002	3.98		(through	
	2003	4.26		11/30)	
	2004	4.28			
	2005	5.43		Plan Year	Annual
	2006	5.70		Beginning	Interest
	2007	4.97		December 1	Rate
	2008	3.43		2001	4.78%
	2009	3.16		2002	3.98
	2010	1.83		2003	4.26
	2011	1.53		2004	4.28
	2012	1.14		2005	5.43
	2013	1.98		2006	5.70
	2014	2.06		2007	4.97
	2015	2.01		2008	3.43
				2009	3.16
				2010	1.83
				2011	1.53
				2012	1.14
				2013	1.98
				2014	2.06
				2015	2.01

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><td>Location</td><td>As of Date</td></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												

Schedule SB, Part V — Summary of Plan Provisions

	SALARIED EMPLOYEES ONLY	NON-CONTRIBUTORY EMPLOYEES ONLY	RENEER EMPLOYEES ONLY
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	RENEER 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. Refer Table of Sample rates below.	N/A

Location	New Entrants	Benefit Level	Death Benefit	Supplement
Columbus	Closed	\$34	\$3,500	No
Jeannette	Closed	\$29	\$2,750	Yes
Mogadore	Closed	\$32	\$1,750	Yes
Calhoun	Closed	$\$19 \times (\text{Service} > 3/1/98) + \$7.50 \times (\text{Service})$	\$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: Benefit 1 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. Benefit 2 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	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: Benefit 1 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. Benefit 2 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
Normal Retirement Benefit (Continued)	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.		

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	Eligibility – Attainment of age 55 and the completion of ten (10) years of Vesting Service Benefit – 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	Regular Early – 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. Special Early – 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	Eligibility – Attainment of age 55 and (i) 10 years of Continuous Service, or (ii) years of age plus Continuous Service equal at least 70. Benefit – Accrued normal retirement benefit, reduced 4/10% for each month that commencement of benefits precedes age 65 for Benefit 1 and age 62 for Benefit 2.

Schedule SB, Part V — Summary of Plan Provisions

	SALARIED EMPLOYEES ONLY	NON-CONTRIBUTORY EMPLOYEES ONLY	RENEER EMPLOYEES ONLY
Early Retirement Benefit (Continued)	(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.	"55/30" Early – 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. "30" Early – 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.	
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 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.

Schedule SB, Part V — Summary of Plan Provisions

	SALARIED EMPLOYEES ONLY	NON-CONTRIBUTORY EMPLOYEES ONLY	RENEER EMPLOYEES ONLY
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.	Regular – 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. Special – 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. Postretirement – 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.	Pre-retirement Death Benefit – 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.

Schedule SB, Part V — Summary of Plan Provisions

	SALARIED EMPLOYEES ONLY	NON-CONTRIBUTORY EMPLOYEES ONLY	RENEER EMPLOYEES ONLY
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
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 GenCorp Effective December 1, 2000, a small group of retirees who were receiving annuity payment from the GenCorp Profit Sharing Plan were spun off and transferred to the plan. Benefit amounts are adjusted each January 1 based on certain stock indices.	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

Schedule SB, Part V — Summary of Plan Provisions

	SALARIED EMPLOYEES ONLY	NON-CONTRIBUTORY EMPLOYEES ONLY	RENEER EMPLOYEES ONLY
Optional Forms of Payment	Life Annuity 5 Years Certain and Life Annuity 10 Years Certain and Life Annuity 15 Years Certain and Life Annuity 20 Years Certain and Life Annuity 50% Joint and Survivor Annuity 75% Joint and Survivor Annuity 100% Joint and Survivor Annuity	5 Years Certain and Life Annuity 10 Years Certain and Life Annuity with 5 Year Guarantee 15 Years Certain and Life Annuity with 5 Year Guarantee 20 Years Certain and Life Annuity with 5 Year Guarantee 50% Joint and Survivor Annuity 75% Joint and Survivor Annuity 5 Year Guarantee plus 50% Joint and Survivor 5 Year Guarantee plus 100% Joint and Survivor	Life Annuity 5 Years Certain and Life Annuity 10 Years Certain and Life Annuity 15 Years Certain and Life Annuity 20 Years Certain and Life Annuity 50% Joint and Survivor Annuity 75% Joint and Survivor Annuity 100% Joint and Survivor Annuity
2015 Lump Sum Window	Vested terminated participants who 1) terminated employment prior to May 31, 2015, 2) were living as of December 1, 2015, and 3) whose single lump sum value as of December 1, 2015 does not exceed \$80,000 were given a one- time voluntary opportunity to commence payment of their entire vested benefit in a single lump sum payment or	Same	Same

Schedule SB, Part V — Summary of Plan Provisions

	SALARIED EMPLOYEES ONLY	NON-CONTRIBUTORY EMPLOYEES ONLY	RENEER EMPLOYEES ONLY
2015 Lump Sum Window (Continued)	as an annuity under the normal form of payment for a unmarried Participant or, for married participants only, a 50% or 75% joint and survivor spouse annuity.		
Actuarial Equivalence	GAM83 (set back 2 years for participant and 4 years for Spouse) and 8.5%	1951 Male Group Annuity Table (set back 2 years for Participant and 5 years for Spouse) and 6%	UP84 and 6%

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 late retirement increases for current active participants over age 70 ½ since the impact is deemed to be immaterial.
 - *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.

Schedule SB, Part V — Summary of Plan Provisions

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.

OMNOVA Solutions Consolidated Pension Plan

Employer Identification Number: 34-1897652

Plan Number: 001

Schedule H, Line 4i - Schedule Of Assets

(Held At End Of Year)

As of November 30, 2017

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Investment		Current Value
	Rate of Interest, Collateral, Par or Maturity Value	Cost	
SEI Large Cap Index Fund*	221,661 shares	\$ 30,578,901	\$ 44,507,317
SEI World Equity EX-US Fund Class A*	2,820,823 shares	33,678,985	39,181,231
SEI Structured Credit Collective Fund*	12,433 units	6,768,948	30,637,203
SEI High Yield Bond Fund 284*	1,245,765 shares	11,629,349	11,286,628
SEI Dynamic Asset Allocation Fund*	523,840 shares	8,852,717	10,654,908
SEI Core Fixed Income Fund 285*	1,073,212 shares	11,058,578	11,000,426
SEI Emerging Markets Debt Fund*	925,220 shares	9,900,303	9,650,042
SEI Extended Market Index*	688,779 shares	7,881,947	10,882,708
SEI Emerging Market Index*	1,083,822 shares	10,533,122	12,333,889
SEI Core Property Collective*	11,231 shares	17,917,492	23,676,402
SEI Energy Debt Collective Investment Trust*	11,000 shares	11,000,000	12,360,162
GIFHREC Bencia Group Trust	282,900 units	225,668	282,900
		<u>\$ 160,026,010</u>	<u>\$ 216,453,816</u>

* Indicates party-in-interest to the Plan

Schedule SB, line 26 — Schedule of Active Participant Data

DISTRIBUTION OF ACTIVE PARTICIPANTS AS OF DECEMBER 1,
2016

AGE	YEARS OF CREDITED SERVICE										TOTAL
	UNDER 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & UP	
Under 35											
35-39		2	5	3							10
40-44		5	13	19	2						39
45-49		13	16	37 9,004	8	2					76
50-54		11	12	30 8,687	7	15	5				80
55-59		15	15	36 9,992	18	11	9	12			116
60-64		15	3	26 10,022	8	5	6	9	5		77
65-69		5	2	4	6		2			1	20
70 & up		1									1
Total		67	66	155	49	33	22	21	5	1	419 10,108

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.

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

ACTUARIAL ASSUMPTIONS FOR DECEMBER 1, 2016 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	4.43%	1.51%	
• Next 15 years	5.91%	3.83%	
• Over 20 years	6.65%	4.82%	

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 table for participants who became disabled before 1995.
• Post-1994 disabilities	Same as healthy participants.

Other economic assumptions

• Salary increases	N/A
• Social Security taxable wage base increases	N/A
• Inflation	2.20% (used for GenCorp annual benefit increase)
• Expected investment return	7.50% for 2014, 7.08% for 2015, 6.73% for 2016
• Expenses	\$2,660,000 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)

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

Withdrawal	95% of SOA Small Plan Withdrawal Table for Salaried and Reneer employees and a fixed 5% for all ages for Non-Contributory employees (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	63 for Salaried and Reneer employees, 63 for Non-Contributory employees	
• Current vested deferred	63 or current age, if later, for Salaried and Reneer employees; 63 or current age, if later, for Non-Contributory employees	
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
– Percentage married	80%	65%
– Spouse age difference	3 years younger	3 years older

Form of payment

<i>Salaried Employees</i>	<u>Single 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%

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

<i>Non-Contributory Employees</i>	<u>5 Years Certain & Life</u>	<u>50% J&S</u>	<u>75% J&S</u>
• Active retirements	60%	0%	40%
• Future vested deferred	70%	0%	30%
• Future disabilities	60%	0%	40%
• Future deaths	0%	100%	0%
• Current vested deferred	70%	0%	30%
<i>Reoner Employees</i>	<u>Single 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%

Recall rights*(Non-contributory employees only)*

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*(Non-contributory employees only)*

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 2017 experience study covering the plan years ending 2012-2016 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 2017 experience study covering the plan years ending 2012-2016 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 2017 experience study covering the plan years ending 2012-2016 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
20	0.23085
25	0.18525
30	0.14725
35	0.11495
40	0.08930
45	0.06935
50	0.05320
55	0.03990

ATTAINED AGE	ANNUAL RETIREMENT RATE
55	0.05
56	0.05
57	0.05
58	0.05
59	0.05
60	0.10
61	0.10
62	0.25
63	0.20
64	0.10
65	0.30
66	0.30
67	0.35
68	0.35
69	0.35
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	
	ANNUAL WITHDRAWAL RATES	EMALE
		0.00150
20	0.05	0.00547
25	0.05	0.01962
30	0.05	
35	0.05	
40	0.05	
45	0.05	
50	0.05	
55	0.05	

ATTAINED AGE	ANNUAL RETIREMENT RATE
45-54*	0.05
55	0.05
56	0.05
57	0.05
58	0.05
59	0.05
60	0.10
61	0.10
62	0.25
63	0.10
64	0.30
65	0.30
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 FOR FUNDING****Asset Methods**

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**

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

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.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year covered under PPA. 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		2016 INSTALLMENT
2008	\$	27,060,558	4.53	\$	6,439,517 ¹
2010		6,763,024	2.77		2,535,526 ¹
2011		(1,295,697)	2		(661,887)
2012		(23,324,923)	3		(8,114,315)
2013		(1,187,739)	4		(316,511)
2014		(6,167,204)	5		(1,342,620)
2015		6,809,935	6		1,274,350
2016		9,271,141	7		1,531,810
Total	\$	17,929,095		\$	1,345,870

¹ The installment amounts for the final partial remaining years are \$3,443,853 for the 2008 base and \$1,962,495 for the 2010 base.

Schedule SB, line 24 — Change in Actuarial Assumptions

ACTUARIAL ASSUMPTION CHANGES SINCE PRIOR VALUATION

Funding

The following assumption changes have occurred since the December 1, 2015 valuation.

- The administrative expense component of normal cost increased from \$1,194,000 to \$2,660,000.
- Investment return assumption changed from 7.08% for 2015 to 6.73% for 2016.
- Retirement rates are updated as per the experience study conducted in 2017.
- Commencement age for terminated vested participants for Salaried and Reneer employees has been updated from age 64 to age 63.
- Commencement age for terminated vested participants for Non-Contributory employees has been updated from age 62 to age 63.
- Withdrawal rates are updated as per the experience study conducted in 2017.
- The form of payment assumptions are also updated for vested terminated participants and for Salaried and Reneer employees as per the experience study conducted in 2017.
- The spouse age difference and percent married assumptions have also been updated as per the experience study conducted in 2017.
- A 2.20% inflation assumption was added for the annual increase for GenCorp benefits.

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 for Salaried and Reneer employees. The average retirement age is 62. The retirement rates for Non-Contributory also result in an average retirement age of 62.

CALCULATION OF WEIGHTED AVERAGE RETIREMENT AGE				
(A) Age	(B) Retirement	(C) Lx Table	(D) # Retiring	(E) # Ret * Age
50	0.00%	10,000	0	0
51	0.00%	10,000	0	0
52	0.00%	10,000	0	0
53	0.00%	10,000	0	0
54	0.00%	10,000	0	0
55	5.00%	10,000	500	27,500
56	5.00%	9,500	475	26,600
57	5.00%	9,025	451	25,721
58	5.00%	8,574	429	24,864
59	5.00%	8,145	407	24,028
60	10.00%	7,738	774	46,427
61	10.00%	6,964	696	42,481
62	25.00%	6,268	1,567	97,148
63	20.00%	4,701	940	59,229
64	10.00%	3,761	376	24,068
65	30.00%	3,385	1,015	65,998
66	30.00%	2,369	711	46,909
67	35.00%	1,658	580	38,890
68	35.00%	1,078	377	25,656
69	35.00%	701	245	16,921
70	100.00%	455	455	31,881
Total			10,000	624,321
Average				62.43

The weighted average retirement age is the total for column E divided by the total for column D, 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.

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2016****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2016 or fiscal plan year beginning **12/01/2016** and ending **11/30/2017**

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

Part II Basic Plan Information - enter all requested information

1a Name of plan OMNOVA SOLUTIONS CONSOLIDATED PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 10/01/1999
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OMNOVA SOLUTIONS, INC. 25435 HARVARD ROAD BEACHWOOD OH 44122-6201	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		9/17/18	
	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)			Preparer's telephone number

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

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">3b Administrator's EIN</td> </tr> <tr> <td style="padding: 5px;">3c Administrator's telephone number</td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	3b Administrator's EIN	3c Administrator's telephone number	
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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">4b EIN</td> </tr> <tr> <td style="padding: 5px;">4c PN</td> </tr> </table>	4b EIN	4c PN
4b EIN			
4c PN			

5 Total number of participants at the beginning of the plan year	5	2,986
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)	419
a (2) Total number of active participants at the end of the plan year	6a(2)	367
b Retired or separated participants receiving benefits	6b	1,452
c Other retired or separated participants entitled to future benefits	6c	670
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	2,489
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	355
f Total. Add lines 6d and 6e	6f	2,844
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	
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 1B 1E 1I 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

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 _____

OMNOVA Solutions Consolidated Pension Plan

Employer Identification Number: 34-1897652

Plan Number: 001

Schedule H, Line 4j - Schedule Of Reportable Transactions

Category (iii) - Series of transactions in excess of 5% of plan assets

As of November 30, 2017

Description of Investment	Purchase Price	Selling Price	Cost	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SEI Word Equity EX-US Fund	\$ —	\$ 3,725,741	\$ 3,335,315	\$ 3,335,315	\$ 390,426
SEI Word Equity EX-US Fund	\$ 12,336,275	\$ —	\$ 12,336,275	\$ 12,336,275	\$ —
SEI Large Cap Index Fund	\$ —	\$ 18,594,484	\$ 13,494,297	\$ 13,494,297	\$ 5,100,187
SEI Large Cap Index Fund	\$ 3,668,264	\$ —	\$ 3,668,264	\$ 3,668,264	\$ —

There were no category (i), (ii), or (iv) reportable transactions for the year ended November 30, 2017.

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 2016 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2016 or fiscal plan year beginning 12/01/2016 and ending 11/30/2017

► Round off amounts to nearest dollar.

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

A Name of plan OMNOVA Solutions 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>2016</u>			
2 Assets:			
a Market value.....	2a	197,026,770	
b Actuarial value	2b	201,586,658	
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	1,786	149,651,639	149,651,639
b For terminated vested participants	804	40,795,815	40,795,815
c For active participants	419	27,861,944	28,244,895
d Total	3,009	218,309,398	218,692,349
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	6.01%	
6 Target normal cost	6	2,660,000	

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>8/31/2018</u> Date 1706530
DAREN L. ANDERSON Type or print name of actuary		Most recent enrollment number 612-642-8600
MERCER Firm name		Telephone number (including area code)
333 SOUTH 7TH STREET SUITE 1400 MINNEAPOLIS MN 55402 Address of the firm		

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

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

Schedule SB (Form 5500) 2016
v. 160205

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	1,152,876
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	390,000
9	Amount remaining (line 7 minus line 8).....	0	762,876
10	Interest on line 9 using prior year's actual return of <u>7.81%</u>	0	59,581
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		878
	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>6.22%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		69
	c Total available at beginning of current plan year to add to prefunding balance.....		947
	d Portion of (c) to be added to prefunding balance.....		947
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	823,404

Part III Funding Percentages			
14	Funding target attainment percentage	14	91.80%
15	Adjusted funding target attainment percentage.....	15	91.80%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.31%
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
03/15/2017	300,000				
07/14/2017	5,116,000				
06/15/2018	2,750,000				
08/14/2018	2,750,000				
Totals ►			18(b)	10,916,000	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	10,234,372

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	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ 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	
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	2,660,000										
b Excess assets, if applicable, but not greater than line 31a	31b											
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>17,929,095</td> <td>1,345,870</td> </tr> <tr> <td>b Waiver amortization installment</td> <td></td> <td></td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	17,929,095	1,345,870	b Waiver amortization installment		
	Outstanding Balance	Installment										
a Net shortfall amortization installment	17,929,095	1,345,870										
b Waiver amortization installment												
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	4,005,870										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		0	299,000									
36 Additional cash requirement (line 34 minus line 35)	36	3,706,870										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	10,234,372										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	6,527,502										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	299,000										
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	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	