-	rm 5500-SF	of Small Emplo	oyee	OMB Nos. 1 1	210-0110 210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be filed	Benefit P	-	065 of the Employee Re	etirement	2018		
	epartment of Labor enefits Security Administration	Income Security Act of 1974		ns 6057	7(b) and 6058(a) of the		This Form is Op		
Pension Be	enefit Guaranty Corporation	 Complete all entries in a 	accordance with th	e instru	uctions to the Form 55	500-SF.	Public Inspect	tion	
Part I		dentification Information							
For calenda	ar plan year 2018 or fis	cal plan year beginning 01/01/2				2/31/2018			
A This ret	urn/report is for:	X a single-employer plan	list of participa		n (not multiemployer) (ployer information in ac		-		
D This set		a one-participant plan	a foreign plan						
D I NIS retu	urn/report is	the first return/report	the final return/	eport					
		an amended return/report	a short plan yea	ar return	/report (less than 12 m	onths)			
C Check b	box if filing under:	X Form 5558	automatic exte	nsion		DFVC p	rogram		
		special extension (enter descri	iption)						
Part II	Basic Plan Info	rmation—enter all requested inf	ormation						
1a Name						1b Thre	•		
SILVER FER	RN CHEMICAL, INC. D	EFINED BENEFIT PENSION PLA	N			(PN)	number	2	
						()	tive date of plan		
				01/01/2014	<u> </u>				
Mailing	ponsor's name (employ g address (include roon		ZD Empl (EIN)	oyer Identification Nu 20-0690001	Imper				
	town, state or province N CHEMICAL, INC.	uctions)	2c Sponsor's telephone number						
						2d Business code (see instructions)			
2226 QUEEN SEATTLE, W							541990		
OLATILL, M	IA 30103								
3a Plan a	dministrator's name an	d address 🛛 Same as Plan Spon	isor.			3b Admi	nistrator's EIN		
						3c Admi	nistrator's telephone	number	
							·····		
A 16 th a m				- 1+	turne (no recent file of for	4b EIN			
		plan sponsor or the plan name ha sor's name, EIN, the plan name a				4D EIN			
•	or's name					4d PN			
C Plan N	lame								
5a Total r	number of participants	at the beginning of the plan year				5a		14	
_		at the end of the plan year				5b		17	
		account balances as of the end of t				5c			
•	,	ticipants at the beginning of the pla				5d(1)		13	
		ticipants at the end of the plan yea				5d(2)		14	
	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested								
Caution: A	100% vested	or incomplete filing of this return	/report will be ass	essed ι	Inless reasonable cau	use is estal	olished.		
Under pena SB or Sche	alties of perjury and oth edule MB completed an	er penalties set forth in the instruc d signed by an enrolled actuary, a	tions, I declare that	I have e	examined this return/rep	port, includi	ng, if applicable, a So		
	true, correct, and comp		10/00/0010			- 0		1	
SIGN HERE		valid electronic signature.	10/08/2019		RUSSELL J. SNOW, E				
	Signature of plan ac	aministrator	Date		Enter name of individe	ual signing	as plan administrator		
SIGN HERE	HERE								
	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								

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

Form 5500-SF (2018) v.171027

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a						Yes 🗌 No			
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?	X	Yes No Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this p	lan yea	r		4119994. (See instructions.)			
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Year			
а	Total plan assets	7a		38875			1612042			
b	Total plan liabilities	7b		0			0			
С										
8	Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total									
а	(1) Employers									
	(2) Participants									
	(3) Others (including rollovers)									
	b Other income (loss) 8b -80833									
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					273167			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0			
i	Net income (loss) (subtract line 8h from line 8c)	8i					273167			
j	Transfers to (from) the plan (see instructions)	8j		0						
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A $$ 1C $$ 1I $$ 3D	feature co	des from the List of Pl	an Chai	racteris	stic Co	odes in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instructions:			
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		×				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
С	Was the plan covered by a fidelity bond?			10c	x		150000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
e	 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)									
f	f Has the plan failed to provide any benefit when due under the plan? 10f X									
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	ənd.)	10g		Х				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h									
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10		10i							

Page 3- 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and im 5500) and line 11a below)	•	edule S	;В		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				0
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		d enter Da		e of the l		lling
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Y	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes		No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	ify the plan(s)) to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13	c(3) P	N(s)

	SCH	EDULE SB	Single Emr	Nover Define	d Bon	ofit Plan		OMB N	lo. 1210-0110
		orm 5500)		bloyer Define tuarial Inform			-		
	•	ment of the Treasury				•		2	2018
_		al Revenue Service	This schedule is require Retirement Income Sec						
	Employee Ber	nefits Security Administration		rnal Revenue Code (th			ne		is Open to Public spection
		nefit Guaranty Corporation		attachment to Form	5500 or	5500-SF.			
		olan year 2018 or fiscal pla		1/2018		and ending	12/3	1/2018	
		amounts to nearest dol	lar. assessed for late filing of thi	is report unless reason	able cau	sa is astablished			
	Name of pla		assessed for late ming of th	is report unless reason		B Three-dig			
			FINED BENEFIT PENSION	PLAN		plan num			002
							. ,		
C	Plan snons	or's name as shown on lin	e 2a of Form 5500 or 5500-5	SE		D Employer	dentifica	ation Number (E	=INI)
Ŭ	•	RN CHEMICAL, INC.				E Employer	20-069		
Ε	Type of plan	: X Single Multiple	-A Multiple-B	F Prior year pla	an size: >	100 or fewer	101-	500 More th	nan 500
	Part I	Basic Information							
1	Enter the	valuation date:	Month <u>12</u> Day	Year _20)18				
2									
	a Market	value					2a		1258042
						Normalia and	2b	te d Eurodian	1258042
3	Funding	target/participant count br	eakdown		· · ·	Number of rticipants	. ,	sted Funding Farget	(3) Total Funding Target
	a For ret	ired participants and bene	ficiaries receiving payment.			0		0	0
	b For ter	minated vested participar	ts			2		8832	8832
	C For act	ive participants				15		1149628	1150328
	d Total					17		1158460	1159160
4	If the pla	n is in at-risk status, checl	the box and complete lines	(a) and (b)	[
	a Fundin	g target disregarding pres	cribed at-risk assumptions				4a		
			assumptions, but disregardin consecutive years and disreg				4b		
5									5.60%
6							6		294912
St	-	Enrolled Actuary							
	accordance wi		pplied in this schedule and accompany In my opinion, each other assumption d experience under the plan.						
	SIGN								
	HERE	<u> </u>	ignature of actuary					09/25/201 Date	Э
	RUSSELL J.		ignature of actuary					17-07199	a
			or print name of actuary				Most r	ecent enrollme	
	MGKS							602-944-15	515
		1.07	Firm name			Tel	ephone	number (includ	ling area code)
	6530 N 16TH PHOENIX, A								
			Address of the firm			_			
	ne actuary ha tructions	as not fully reflected any re	egulation or ruling promulgate	ed under the statute in	completi	ing this schedule	, check	the box and se	e 🗌
		k Reduction Act Notice,	see the Instructions for Fo	orm 5500 or 5500-SF.	1			Schedule S	B (Form 5500) 2018 v. 171027

P	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	alano	ces							
								(a) C	arryover balar	ice		(b) Pr	efundir	ig balance
7	,	0	0 1 9		ble adjustments (line 13 fro	•				0				0
8			•	•	ding requirement (line 35 f					0				0
9	Amount	remaining	g (line 7 minus line	9 8)						0				0
10	Interest of	on line 9 ι	using prior year's a	actual retur	n of <u>10.29</u> %					0				0
11	Prior yea	ır's exces	s contributions to	be added to	o prefunding balance:									
	a Preser	nt value o	f excess contribut	ions (line 3	8a from prior year)									327322
			he excess, if any, 3, using prior year		over line 38b from prior year interest rate of <u>5.76</u>	ar %								0
	• •		•		dule SB, using prior year's	actual								0
C Total available at beginning of current plan year to add to prefunding balance											327322			
d Portion of (c) to be added to prefunding balance										0				
12 Other reductions in balances due to elections or deemed elections											0			
12 Other reductions in balances due to elections of deemed elections												0		
P	Part III Funding Percentages													
				-									14	108.53%
													15	110.06%
16	Prior yea	ır's fundin	g percentage for	purposes o	f determining whether carry	/over/p	prefunding) balance	es may be use	d to rec	uce cui		16	130.82%
17		i			ess than 70 percent of the								17	%
Ρ	Part IV	Con	tributions and	d Liquidi	ty Shortfalls									
18	Contribu	tions mad	-		ar by employer(s) and empl	oyees	:							
()	(a) Dat MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(N	(a) Date אM-DD-Y		(b) Amour employ		ру	(c)	Amour emplo	nt paid by oyees
0	08/05/2019)		100000	0									
0	08/07/2019)		100000	0									
	08/12/2019)		100000	0									
C	08/19/2019)		54000	0									
						Tot	als ►	18(b)		0.5	4000	19(0)		
10	Diagount			ana inatri	untions for small plan with a		-	.,	boginning of th			18(c)		0
19		•			ictions for small plan with a num required contributions				0 0	. 19 a	1			0
					isted to valuation date					. 19k				<u> </u>
				•	ed contribution for current ye					. 190				
20						ai auji				., 150	·			342439
	20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?													
			-		nstallments for the current									Yes No
	C If line	20a is "Ye	es," see instruction	ns and com	plete the following table as	applic	cable:							
					Liquidity shortfall as of en	d of q	uarter of th		-	1				
	(1) 1st (2) 2nd (3) 3rd (4) 4th													

Page 3

P	Part V Assumptions Used to Determine Funding Target and Target Normal Cost										
21	Discour	it rate:									
	a Segn	nent rates:	1st segme 3.9	ent: 2%	2nd segment: 5.52%	3rd segment: 6.29 %		N/A, full yield curve used			
	b Appli	cable month (er	nter code)				21b	2			
22	Weighte	ed average retir	ement age				22	65			
23	Mortality	/ table(s) (see	instructions) Pri	or regulation:	Prescribed - com	ined Prescribe	d - separat	e Substitute			
			Cu	rrent regulation:	X Prescribed - comb	pined Prescribe	d - separat	e Substitute			
Pa	art VI	Miscellane	ous Items								
24		-			assumptions for the current p	•					
25	Has a m	nethod change	been made for the	current plan yea	r? If "Yes," see instructions r	egarding required attach	nment	Yes 🗙 No			
26	26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment X Yes 🗌 No										
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment 27										
Pa	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years										
28	Unpaid	minimum requii	red contributions fo	r all prior years .			28	0			
29					d minimum required contribu		29	0			
30	Remain	ing amount of ι	unpaid minimum ree	quired contribution	ons (line 28 minus line 29)		30	0			
Pa	art VIII	Minimum	Required Con	tribution Fo	r Current Year						
31	Target	normal cost and	d excess assets (se	e instructions):							
	a Target	t normal cost (li	ine 6)				31a	294912			
				ater than line 31	a		31b	98882			
32	Amortiz	ation installmer	nts:			Outstanding Bala	nce	Installment			
	_						0	0			
							0	0			
33			•	•	date of the ruling letter grant and the waived amount	• • • •	33				
34	Total fu	nding requirem			inding balances (lines 31a - :	31b + 32a + 32b - 33)	34	196030			
					Carryover balance	Prefunding balar	nce	Total balance			
35			se to offset funding		0		0	0			
36	Addition	al cash require	ement (line 34 minu	s line 35)			36	196030			
37					tion for current year adjusted		37	342439			
38	Present	value of exces	s contributions for	current year (see	e instructions)						
	a Total	(excess, if any,	of line 37 over line	36)			38a	146409			
	b Portio	n included in lir	ne 38a attributable	to use of prefune	ding and funding standard ca	rryover balances	38b	0			
39	Unpaid	minimum requii	red contribution for	current year (ex	cess, if any, of line 36 over li	ne 37)	39	0			
40							40	0			
	rt IX				sion Relief Act of 2010) (See Instructions	5)				
41	If an ele	ction was made	e to use PRA 2010	funding relief for	this plan:						
	a Schedule elected										
	b Eligible plan year(s) for which the election in line 41a was made										

Silver Fern Chemical, Inc. Defined Benefit Pension Plan

Schedule of Active Participant Data Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	2	0	0	0	0	0	0	0	0	2
25-29	0	1	0	0	0	0	0	0	0	0	1
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	1	0	0	0	0	0	0	0	0	1
40-44	0	3	0	0	0	0	0	0	0	0	3
45-49	0	3	0	0	0	0	0	0	0	0	3
50-54	0	2	0	0	0	0	0	0	0	0	2
55-59	0	3	0	0	0	0	0	0	0	0	3
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	15	0	0	0	0	0	0	0	0	15

* Employees who have not met the minimum eligibility requirements are excluded

Average Age: 43.5

Average Service: 1

Attachment to 2018 Schedule SB, Part V - EIN: 20-0690001 PN: 002

Silver Fern Chemical, Inc. Defined Benefit Pension Plan

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

	For Funding <u>Min Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>			
Interest Rates	Seg 1: 3.92% 2.35%	Seg 1: 2.20%	Pre-Retirement: 5.00%			
	Seg 2: 5.52% 3.85%	Seg 2: 3.57%	Post-Retirement: 5.00%			
	Seg 3: 6.29% 4.47%	Seg 3: 4.24%				
Applicable Date	10/2018 10/2018	11/2017				
Pre-Retirement						
Turnover	None	None	None			
Mortality	None	None	None			
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation			
Post-Retirement						
Mortality	Male-2018 Default Static Table - Combined Male Female-2018 Default Static Table - Combined Female	2018 Applicable Mortality Table from Notice 2017-60	1983 Individual Annuity Table for Females			
Assumed Benefit Form	For Funding	Lump Sum				
Assumed Spouse's Age	Spouse assumed to be the same age as participant		Spouse assumed to be the same age as participant			
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known		Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			
Calculated Effective Int	erest Rate	5.60%				
Cash Balance Projected	Interest Crediting Rate	5.00% annual rate				
Actuarial Cost Method		The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.				

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Form 5500-SF	Short Form Ann	ual Return/Report of Small E Benefit Plan	mployee	OWB	Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be fi	iled under sections 104 and 4065 of the Emplo	ovee Retirement	20	18
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 197	74 (ERISA), and sections 6057(b) and 6058(a) Revenue Code (the Code).	of the Internal	This Form Public In	is Open to spection
		n accordance with the instructions to the F	orm 5500-SF.		-
Part I Annual Report I for calendar plan year 2018 or fis	dentification Informatio	01/01/2018 and endin	a 12/3	1/2018	
	x a single-employer plan	a multiple-employer plan (not multiempl	loyer) (Filers checki	ing this box mu	
This return/report is for:	a one-participant plan	list of participating employer information a foreign plan	on in accordance wi	th the form ins	tructions.)
This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year return/report (less that	n 12 months)		
Check box if filing under:	X Form 5558	automatic extension	DFVC pr	ogram	
	special extension (enter des			ogram	
Part II Basic Plan Infor	mation—enter all requested i	•			
a Name of plan			1b Three	-digit	
	cal, Inc. Defined B	enefit Pension Plan		number	5
			(PN)	ive date of pla	
			CONTRACT PROPERTY AND	01/2014	1.
	n, apt., suite no. and street, or P	.O. Box)		oyer Identificati 20-069000	
Silver Fern Chemic		stal code (if foreign, see instructions)		sor's telephone	
2226 Queen Anne Av	ve		2d Busine	ess code (see	nstructions)
Seattle	WA 981	109	5410	990	
Seattle a Plan administrator's name and				nistrator's EIN	hone number
a Plan administrator's name and	d address 🛛 Same as Plan Sp	ionsor.	3b Admir 3c Admir	10,720,520	hone number
a Plan administrator's name and	d address X Same as Plan Sp plan sponsor or the plan name		3b Admir 3c Admir	nistrator's EIN	hone number
 Plan administrator's name and If the name and/or EIN of the this plan, enter the plan spon a Sponsor's name 	d address X Same as Plan Sp plan sponsor or the plan name	has changed since the last return/report filed	3b Admir 3c Admir	nistrator's EIN	hone number
 Plan administrator's name and If the name and/or EIN of the this plan, enter the plan spon Sponsor's name C Plan Name 	d address X Same as Plan Sp plan sponsor or the plan name sor's name, EIN, the plan name	has changed since the last return/report filed to and the plan number from the last return/report	3b Admin 3c Admin 3c Admin for 4b Fort. 4d 4d PN	nistrator's EIN	hone number
 a Plan administrator's name and If the name and/or EIN of the this plan, enter the plan spon a Sponsor's name c Plan Name a Total number of participants a 	d address X Same as Plan Sp plan sponsor or the plan name sor's name, EIN, the plan name	has changed since the last return/report filed	ior brt. 5a 3b Admir 3c Admir 4b EIN 4d PN	nistrator's EIN	
 a Plan administrator's name and If the name and/or EIN of the this plan, enter the plan spon a Sponsor's name c Plan Name a Total number of participants a b Total number of participants with a 	d address Same as Plan Sp plan sponsor or the plan name sor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end of	has changed since the last return/report filed to and the plan number from the last return/report	3b Admir 3c Admir 3c Admir 4b EIN 4d PN 5a 5b	nistrator's EIN	14
 a Plan administrator's name and If the name and/or EIN of the this plan, enter the plan spon a Sponsor's name c Plan Name a Total number of participants a b Total number of participants with a complete this item) 	d address Same as Plan Sp plan sponsor or the plan name sor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end o	has changed since the last return/report filed to a and the plan number from the last return/report for the plan year (only defined contribution plan	3b Admin 3c Admin 3c Admin 3c Admin 4b EIN 4d PN 5a 5b s 5c	nistrator's EIN	14
 a Plan administrator's name and If the name and/or EIN of the this plan, enter the plan spon a Sponsor's name c Plan Name a Total number of participants a b Total number of participants with a complete this item) d(1) Total number of active part d(2) Total number of active part 	d address Same as Plan Sp plan sponsor or the plan name sor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end of icipants at the beginning of the icipants at the end of the plan y	has changed since the last return/report filed to and the plan number from the last return/report of the plan year (only defined contribution plan plan year	3b Admir 3c Admir 3c Admir 3c Admir 4b EIN 4d PN 5a 5b s 5c 5d(1) 5d(2)	nistrator's EIN	14
 a Plan administrator's name and If the name and/or EIN of the this plan, enter the plan spon a Sponsor's name c Plan Name a Total number of participants a c Number of participants with a complete this item) d(1) Total number of active part d(2) Total number of participants who the number of participants with a participants 	d address Same as Plan Sp plan sponsor or the plan name sor's name, EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end of icipants at the beginning of the icipants at the end of the plan y erminated employment during the	has changed since the last return/report filed to and the plan number from the last return/report of the plan year (only defined contribution plan plan year	3b Admin 3c Admin 3c Admin 3c Admin 4b EIN 4d PN 5a 5b 5c 5d(1) 5s 5d(2)	nistrator's EIN	14 17 13 14
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 a Plan administrator's name and If the name and/or EIN of the this plan, enter the plan spon a Sponsor's name c Plan Name a Total number of participants a c Total number of participants at complete this item)	d address Same as Plan Sp plan sponsor or the plan name sor's name. EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end of icipants at the beginning of the icipants at the end of the plan y erminated employment during the r incomplete filing of this retu er penalties set forth in the instru d signed by an enrolled actuary.	has changed since the last return/report filed to and the plan number from the last return/report of the plan year (only defined contribution plan plan year	3b Admir 3c Admir 3c Admir 3c Admir 3c Admir 4b EIN 4d PN 5a 5b 5 5c 5d(1) 5d(2) 5s 5e 5e 5e 5e 5e 5e	lished.	14 17 13 14 1 a Schedule wledge and
 a Plan administrator's name and If the name and/or EIN of the this plan, enter the plan spon a Sponsor's name c Plan Name a Total number of participants at c Number of participants with a complete this item) d(1) Total number of active part d(1) Total number of active part d(2) Total number of active part e Number of participants who than 100% vested aution: A penalty for the late on the penalties of perjury and other of a schedule MB completed and chief, it is true, correct, and complete the penalties of perjury and the sore penalties of perjury	d address Same as Plan Sp plan sponsor or the plan name sor's name. EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end of icipants at the beginning of the plan y erminated employment during the r incomplete filing of this retu er penalties set forth in the instri- d signed by an enrolled actuary, etc.	has changed since the last return/report filed to and the plan number from the last return/report of the plan year (only defined contribution plan plan year	3b Admir 3c Admir 3c Admir 3c Admir 3c Admir 4b EIN 4d PN 5a 5b 5 5c 5d(1) 5d(2) 5s 5c 5c 5d(2) 5s 5e 5e	lished.	14 17 13 14 1 a Schedule wledge and
 a Plan administrator's name and lif the name and/or EIN of the this plan, enter the plan spon a Sponsor's name c Plan Name a Total number of participants a Complete this item) d Total number of participants a complete this item) d (1) Total number of active part d(2) Total number of active part than 100% vested a number of participants who than 100% vested a artion: A penalty for the late of the number of complete data and the series of th	d address Same as Plan Sp plan sponsor or the plan name sor's name. EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end of icipants at the beginning of the plan y erminated employment during the r incomplete filing of this retu er penalties set forth in the instri- d signed by an enrolled actuary, etc.	has changed since the last return/report filed to and the plan number from the last return/report of the plan year (only defined contribution plan plan year ear he plan year with accrued benefits that were le im/report will be assessed unless reasonal uctions, I declare that I have examined this return as well as the electronic version of this return	3b Admir 3c Admir 3c Admir 3c Admir 3c Admir 4b EIN 4d PN 5a 5b 5 5c 5d(1) 5d(2) 5s 5e 5e 5e 5e 5e 5e	lished. g, if applicable best of my kno	14 17 13 14 1 a Schedule wledge and SIG/ rator
 a Plan administrator's name and lif the name and/or EIN of the this plan, enter the plan spon a Sponsor's name c Plan Name a Total number of participants a b Total number of participants with a complete this item)	d address Same as Plan Sp plan sponsor or the plan name sor's name. EIN, the plan name at the beginning of the plan year at the end of the plan year ccount balances as of the end of icipants at the beginning of the plan y erminated employment during the r incomplete filing of this retu er penalties set forth in the instri- d signed by an enrolled actuary, etc.	has changed since the last return/report filed to and the plan number from the last return/report of the plan year (only defined contribution plan plan year	3b Admir 3c Admir 3c Admir 3c Admir 3c Admir 4b EIN 4d PN 5a 5b s 5c 5d(1) 5d(2) ess 5e 5e	lished. g, if applicable best of my kno	14 17 13 14 1 a Schedule wledge and SIGI

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	Are you claiming a waiver of the annual examination and report of						X Yes 🗌 No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC in									
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from th		•		,	L				
	·			.a.r. yea						
Pa	rt III Financial Information		1							
7	Plan Assets and Liabilities		(a) Beginning				(b) End of Year			
а	Total plan assets	7a	1,	338,	875		1,612,042			
b	Total plan liabilities	7b			0					
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	338,	875		1,612,042			
8	Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total									
а	(1) Employers									
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)									
b	Other income (loss)	8b		-80,	833					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					273,16			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					(
i	Net income (loss) (subtract line 8h from line 8c)	8i					273,16			
j	Transfers to (from) the plan (see instructions)	8j			0					
Pa	rt IV Plan Characteristics		•							
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C 1I 3D	feature co	odes from the List of Pl	an Cha	racteris	stic Co	odes in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acterist	ic Coc	les in the instructions:			
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period			-	, unount			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	/oluntary F	iduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.).			10b		Х				
С				10c	Х		150,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	10e		Х						
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g						
i	,	d notice or one of the	10i							

Page 3-

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl (Form 5500) and line 11a below)			В	X	Yes 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		0	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of ERISA?	r sectior	n 302 oʻ	f		Yes 🛛 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi granting the waiver		enter i Day		of the lette Year	er ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			-		
b	Enter the minimum required contribution for this plan year		12b			
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	a	12d		_	_
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	XN	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un control of the PBGC?			[Yes	X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred.	e plan(s)	to			
1	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)

SUPPLEMENTAL STATEMENT OF ENROLLED ACTUARY Attached to Schedule SB (Form 5500) 2018

for

Silver Fern Chemical, Inc. Defined Benefit Pension Plan

EIN: 20-0690001 PN: 002

To the best of my present knowledge, the information contained in the certificate supplemented by this statement is complete and without material error. Although I am not aware of any material inadequacies in the data upon which such certificate is based, such data were furnished by the trustee(s) and the Plan Administrator (and/or by their respective employees, agents, and/or representatives); and, aside from gross tests for overall reasonableness, I have relied on such data in making my valuation; but I do not accept responsibility for the accuracy or inclusiveness of such data.

In addition, I have relied on the Plan Sponsor's legal counsel and the Plan Administrator with respect to the plan's compliance in form and operation with applicable laws and regulations.

Any material change in the foregoing may result in the need to amend the certificate supplemented by this statement.

Une Russell J. Snow, EA

9/25/19 Date

Most Recent Enrollment Number: 17-07199

MGKS 6530 North 16th Street Phoenix, AZ 85016 (602) 944-1515

SCHEDULE SB	Single-Em	ploy	er Define	d Be	nef	it Plan			OMB N	o. 1210-0110
(Form 5500)	_	-	rial Inform						2	018
Department of the Treasury Internal Revenue Service									2	.010
Department of Labor	This schedule is requ Retirement Income Se	ecurity /	Act of 1974 (ER	ISA) and	l secti	the Employe on 6059 of t	e he	Tł	nis Form i	s Open to Public
Employee Benefits Security Administration Pension Benefit Guaranty Corporation			evenue Code (t		·					pection
For calendar plan year 2018 or fiscal pla			hment to Forn	n 5500 o	r 5500	20 2021		10	2/31/20	10
 Round off amounts to nearest dollar 		01/0	1/2018			and ending]	12	2/31/20	18
Caution: A penalty of \$1,000 will be		this repo	ort unless reasc	nable ca	use is	established				
A Name of plan					В	Three-dig	lit			
Silver Fern Chemical, 1	Inc. Defined Ben	nefit	Pension	Plan		plan num	ber (PN	4)	•	002
C Plan sponsor's name as shown on line	e 2a of Form 5500 or 5500)-SF			D	Employer	Identific	cation	Number (E	IN)
Silver Fern Chemical, I	Inc.					20-069	0001			
E Type of plan: X Single Multiple-/	A Multiple-B	2	F Prior year p	lan size:	X 10	0 or fewer	101	-500	More th	an 500
Part I Basic Information										
1 Enter the valuation date:	Month 12 Da	ay 3	1 Year	2018						
2 Assets:					_			18.18		
a Market value							2a			1,258,042
b Actuarial value							2b			1,258,042
3 Funding target/participant count bre	akdown) Num articip	ber of pants	(2) Ve	ested F Targe	Funding et	(3) Total Funding Target
a For retired participants and benef	liciaries receiving payment	t				0			0	C
${f b}$ For terminated vested participant	s					2			8,832	8,832
c For active participants				·		15		1,14	49,628	1,150,328
d Total				•		17		1,1	58,460	1,159,160
4 If the plan is in at-risk status, check	the box and complete line	es (a) ar	nd (b)		·					
a Funding target disregarding prese	cribed at-risk assumptions	s					. 4a			
b Funding target reflecting at-risk as at-risk status for fewer than five c							. 4b		22	
5 Effective interest rate							5			5.60%
6 Target normal cost							6			294,912
Statement by Enrolled Actuary To the best of my knowledge, the information supp accordance with applicable law and regulations. In combination, offer my best estimate of anticipated	n my opinion, each other assumptio	anying sch on is reaso	edules, statements a onable (taking into ac	and attachm count the e	ents, if xperien	any, is complete ce of the plan ar	and accu nd reason	urate. Ea able exp	ich prescribed ectations) and	assumption was applied in I such other assumptions, in
SIGN HERE	"I f how						Ĩ	9	25/	19
	ignature of actuary							2.	Date	
Russell J. Snow, EA						8 <u>4</u>		1	L707199)
Type o MGKS	or print name of actuary						Most		t enrollmer -944-1	
	Firm name					To	lonhon	1084000000		ing area code)
6530 N 16th St	T init hame					Te	ephone	e num		ing area code)
	5016 Address of the firm									
If the actuary has not fully reflected any re instructions	gulation or ruling promulga	ated un	der the statute i	in comple	eting t	his schedule	e, checł	k the b	ox and see	e []
For Paperwork Reduction Act Notice,	see the Instructions for I	Form 5	500 or 5500-SF					S	chedule S	B (Form 5500) 2018 v. 171027

Schedule SB (Form 5500) 2018

Р	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	lances						
							(a) C	arryover balance	Э	(b) F	Prefundi	ng balance
7		-	• • •		ble adjustments (line 13 fror				0			
									0			
8		rtion elected for use to offset prior year's funding requirement (line 35 from prior ar)0										
9	• /								0			
10		t on line 9 using prior year's actual return of 10.29%							0			
11			01)		o prefunding balance:							
					8a from prior year)				F			327,32
		erest on the excess, if any, of line 38a over line 38b from prior year										
		nedule SB, using prior year's effective interest rate of <u>5.76</u> %										
	• •				dule SB, using prior year's a							
	return C Total available at beginning of current plan year to add to prefunding balance									0		
											327,32	
	d Portic	on of (c) to	be added to pref	unding bala	nce							
12	Other re	ductions i	n balances due to	elections o	or deemed elections				0			
13	Balance	at beginn	ing of current yea	r (line 9 + li	ne 10 + line 11d – line 12)				0			
F	Part III	Fun	ding Percenta	ages								
14	Funding	target atta	ainment percenta	ge							14	108.53%
15	Adjusted	d funding t	arget attainment	percentage							15	110.06%
16					f determining whether carryc						16	100.000
47	,	0 1									17	130.82%
					ess than 70 percent of the fu	inding targe	et, enter suc	n percentage			17	%
	Part IV		tributions an		-							
18					ar by employer(s) and employ							
((a) Dat MM-DD-Y		(b) Amount paid by (c) Amount paid by (a) Y) employer(s) employees (MM-D)					Date(b) Amount paid by(c) Amount paidD-YYYY)employer(s)employees				
0	8/05/2	2019	1	00,000	0							
0	8/07/2	2019	1	00,000	0							
	8/12/2		1	00,000	0							
0	8/19/2	2019		54,000	0							
											-	
						Totals <	18(b)	3	54,000	0 18(c)		
19	Discoun	ted emplo	yer contributions	– see instru	uctions for small plan with a v	aluation da	te after the	beginning of the	year:			
	a Contr	ibutions al	located toward ur	npaid minim	num required contributions from	om prior yea	ars		19a			
b Contributions made to avoid restrictions adjusted to valuation date								19b				
	C Contri	butions all	ocated toward min	imum requir	ed contribution for current yea	r adjusted to	o valuation d	ate	19c			342,43
20	Quarterl	y contribu	tions and liquidity	shortfalls:								
	a Did th	ne plan hav	/e a "funding sho	rtfall" for the	e prior year?							Yes 🛛 No
b If line 20a is "Yes," were required quarterly installments for the current year made in a time					a timely ma	anner?			[Yes No		
	C If line	20a is "Ye	es," see instructio	ns and com	plete the following table as a	applicable:						
		Liquidity shortfall as of end of quarter of this plan year										
	(1)			(2) 2nd			(3) 3rd			(4) 4th		
						1						

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P	art V	Assumpti	ions Used to Det	termine F	unding Target a	nd Target	Normal Cost				
21	Discount	rate:									
	a Segment rates: 1st segment: 3.92 %			2nd segment: 3rd segment 5.52 % 6.29 %				N/A, full yield curve used			
	b Applicable month (enter code)								2		
22	Weightee	d average retir	ement age					22	65		
23	Mortality	table(s) (see	instructions) Prior	regulation:	Prescrib	ed - combined	Prescribe	d - separat	e Substitute		
			Curre	ent regulation	n: X Prescrib	ed - combined	Prescribe	d - separat	e Substitute		
Pa	nrt VI	Miscellane	ous 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.										
25	Has a m	ethod change l	been made for the cu	rrent plan ye	ear? If "Yes," see inst	tructions regar	ding required attach	nment	Yes 🕅 No		
26	Is the pla	an required to p	provide a Schedule of	Active Part	icipants? If "Yes," se	e instructions i	regarding required a	attachment	X Yes 🗌 No		
27			alternative funding ru					27			
Pa	art VII	Reconcili	ation of Unpaid	Minimum	Required Cont	ributions F	or Prior Years				
28	Unpaid n	ninimum requii	red contributions for a	Ill prior years	- S			28	0		
29	29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)							0			
30	Remainii	ng amount of u	unpaid minimum requi	red contribu	tions (line 28 minus li	ine 29)		30	0		
Pa	rt VIII	Minimum	Required Contr	ibution F	or Current Year						
31	Target n	ormal cost and	d excess assets (see	instructions)	:						
	a Target	normal cost (li	ne 6)					31a	294,912		
	b Excess	s assets, if app	olicable, but not greate	er than line 3	31a			31b	98,882		
32	Amortiza	tion installmen	nts:				Outstanding Bala	ince	Installment		
	a Net shortfall amortization installment0								0		
			installment					0	0		
33	3 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										
34	Total fun	al funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)						34	196,030		
					Carryover balan	се	Prefunding balar	nce	Total balance		
35			se to offset funding			0		0	0		
36	36 Additional cash requirement (line 34 minus line 35)							196,030			
37											
38	Present	value of exces	s contributions for cu	rent year (s	ee instructions)						
	a Total (e	excess, if any,	of line 37 over line 36	6)				38a	146,409		
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances							38b	0		
39	9 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)							39	0		
40	0 Unpaid minimum required contributions for all years								0		
Pa	t IX	Pension	Funding Relief l	Jnder Pe	nsion Relief Act	of 2010 (S	ee Instructions	5)			
41	If an elec	tion was made	e to use PRA 2010 fur	nding relief f	or this plan:						
	a Sched	ule elected							2 plus 7 years 15 years		
	b Eligible	e plan year(s) f	for which the election	in line 41a v	vas made			200	08 2009 2010 2011		

Attachment to 2018 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 20-0690001 PN: 002

Silver Fern Chemical, Inc. Defined Benefit Pension Plan

Weighted Average Retirement Age Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65 Completion of 5 years of participation from entry date

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65

	Silver Fern Chemical, Inc. Defined Benefit Pension Plan Summary of Plan Provisions Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018
Plan Effective Date	January 1, 2014
Plan Year	From January 1, 2018 to December 31, 2018
Eligibility	All employees not excluded by class are eligible to enter on the date coincident with or following the completion of the following requirements:
	6 months of service Minimum age 18
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following:
	Attainment of age 65 Completion of 5 years of participation from entry date
Cash Balance Contribution Credit	The plan provides the following cash balance contribution credits to participants based on their group classification:
	Group 1: 100% of compensation
	Group 2: 2% of compensation
	Group 3: 2% of compensation
	The maximum monthly benefit is the lesser of \$18,333.33 and 100% of the highest 3-year average salary, subject to service requirements.
	Salary based contribution credits are applied to current compensation.
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.
	Credited years are plan years from the first day of the plan year containing date of entry excluding the following:
	Years with less than 1,000 hours
Termination Benefit	Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Silver Fern Chemical, Inc. Defined Benefit Pension Plan

Summary of Plan Provisions Plan Year: 1/1/2018 to 12/31/2018 Valuation Date: 12/31/2018

	Credited YearsVested Percent1020						
	3 100						
	Credited years are plan years from date of hire excluding the following:						
	Years with less than 1,000 hours						
Top-Heavy Minimum Benefit	Each non-key participant will be entitled to a minimum accrued benefit equal to the following:						
	2% of average compensation times credited years						
	Credited years are plan years from the first day of the plan year containing date of entry excluding the following:						
	Years with less than 1,000 hours Years plan is not top-heavy						
	with a maximum of 10 years						
	Benefit is based on average salary during the highest 5 consecutive years of employment						
Top-Heavy Normal Form	A benefit payable for the life of the participant						
Top-Heavy Status	A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.						
Death Benefit	Actuarial Equivalent of the accrued benefit earned to date of death						
Cash Balance	The annual Interest Crediting Rate for this plan year is 5.00%						