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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TOTAL SAFETY U. S. , INC. 401K RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2004

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)
TOTAL SAFETY U.S., INC.

3151 BRIARPARK DRIVE
SUITE 500
HOUSTON, TX 77042

2b Employer Identification Number (EIN)
37-1478877

2c Plan Sponsor's telephone number
281-583-6159

2d Business code (see instructions)
339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	KATIE PICKLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	2284
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)**	1918
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1546
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	471
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2017
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	2018
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1048
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	54
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:

2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
TOTAL SAFETY U. S. , INC. 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOTAL SAFETY U.S., INC.

D Employer Identification Number (EIN)
37-1478877

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	YH1115	2018	01/01/2018	12/31/2018

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
7665	0

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

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

KESTRA INVESTMENT SERVICES, LLC
STE 400 5707 SOUTHWEST PKWY BLDG 2
AUSTIN, TX 78735

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7665			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	3725571
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	3535255
c	Additions: (1) Contributions deposited during the year	7c(1)	579080		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	39448		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	315636		
	▶ *				
	(6) Total additions			7c(6)	934164
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4469419
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	418326		
	(2) Administration charge made by carrier	7e(2)	15325		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	199090		
	▶ *				
	(5) Total deductions			7e(5)	632741
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3836678

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
TOTAL SAFETY U. S. , INC. 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOTAL SAFETY U.S., INC.

D Employer Identification Number (EIN)
37-1478877

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).. . . . . [X] 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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
26	SERVICE PROVIDER	146911	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MORNINGSTAR INVESTMENT MANGEMENT

36-4317381

(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?
26	SERVICE PROVIDER	8408	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
TOTAL SAFETY U. S. , INC. 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOTAL SAFETY U.S., INC.

D Employer Identification Number (EIN)
37-1478877

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1084626	1329897
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	34021597	31699575
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3535255	3836678
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	38641478	36866150
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	38641478	36866150

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)	498132	
	(B) Participants	2a(1)(B)	2958707	
	(C) Others (including rollovers)	2a(1)(C)	964644	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4421483
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	60628	
	(F) Other	2b(1)(F)	39448	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		100076
	(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)	1845888	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1845888
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		-3829361
c Other income	2c		1028
d Total income. Add all **income** amounts in column (b) and enter total	2d		2539114
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3988430	
(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)		3988430
f Corrective distributions (see instructions)	2f		130165
g Certain deemed distributions of participant loans (see instructions)	2g		40529
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	155318	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		155318
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4314442
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1775328
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HARPER & PEARSON COMPANY, P.C. **(2)** EIN: 74-1695589

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
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		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
TOTAL SAFETY U. S. , INC. 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TOTAL SAFETY U.S., INC.

D Employer Identification Number (EIN)
37-1478877

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): 71-0294708

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**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

TOTAL SAFETY U.S., INC.
401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

C O N T E N T S

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrative Committee of
Total Safety U.S., Inc. 401(k) Retirement Plan
Houston, Texas

We were engaged to audit the accompanying financial statements of Total Safety U.S., Inc. 401(k) Retirement Plan (the Plan), which comprise the statements of net assets available for plan benefits as December 31, 2018 and 2017 and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2018, 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; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. 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 C, which was certified by Voya Institutional Trust 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 certifications from the trustee as of December 31, 2018 and 2017 and for the year ended December 31, 2018, 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 these financial statements.

One Riverway · Suite 1900 · Houston, Texas 77056-1973 · 713.622.2310 · 713.622.5613 fax
harperpearson.com

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2018 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 the supplemental schedule.

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 schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with generally accepted auditing standards in the United States 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.

Harper E Pearson Company, P.C.

Houston, Texas
October 14, 2019

TOTAL SAFETY U.S., INC. 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2018 AND 2017

	2018	2017
ASSETS		
Investments, at fair value		
Registered investment companies	$ 31,699,575	$ 34,021,597
Investments, at contract value		
Fixed account	3,836,678	3,535,255
Total Investments	35,536,253	37,556,852
Receivables:		
Participant loans	1,329,897	1,084,626
TOTAL ASSETS	36,866,150	38,641,478
LIABILITIES		
Excess contributions payable	48,217	128,299
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 36,817,933	$ 38,513,179

See accompanying notes.

TOTAL SAFETY U.S., INC. 401(K) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2018

ADDITIONS ATTRIBUTED TO:	
INVESTMENT INCOME (LOSS)	
Net investment loss from registered investment companies	$ (3,829,361)
Dividend and interest income from registered investment companies	1,845,888
Interest income from fixed account	39,448
Other income	1,028
Total Investment Loss	(1,942,997)
Interest income from participant loans	60,628
CONTRIBUTIONS	
Employer	498,132
Employees	2,958,707
Rollovers	964,644
Total Contributions	4,421,483
TOTAL ADDITIONS	2,539,114
DEDUCTIONS ATTRIBUTED TO:	
Benefits paid to participants	3,988,430
Deemed distributions	40,529
Corrective distributions	50,083
Administrative expenses	155,318
TOTAL DEDUCTIONS	4,234,360
NET DECREASE IN NET ASSETS FOR THE YEAR	(1,695,246)
NET ASSETS AVAILABLE FOR PLAN BENEFITS - Beginning	38,513,179
NET ASSETS AVAILABLE FOR PLAN BENEFITS - Ending	$ 36,817,933

See accompanying notes.

NOTE A BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General - The Total Safety U.S., Inc. 401(k) Retirement Plan (the Plan) was adopted effective January 1, 2004 to establish a savings and investment plan for the exclusive benefit of the employees of Total Safety U.S. Inc., Total Safety Virgin Island, LLC and WSI Industrial Safety (the Company, Plan Sponsor and Plan Administrator) and their beneficiaries. The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Basis of Presentation - The financial statements of the Plan are prepared on the accrual basis of accounting. Interest and dividend income are recognized when earned.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles in the United States (GAAP) requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan provides for several investment options which are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

Valuation of Investments - Registered investment companies 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. In accordance with the policy of stating these investments at fair value, net investment gain or loss is included in the carrying value of related investments in the statements of net assets available for plan benefits and the changes in the net investment gain or loss are reflected in the statement of changes in net assets available for plan benefits.

Fully benefit-responsive investments are reported at contract value.

Benefit-Responsive Fund - The fixed income account invests primarily in asset-backed contracts that are fully benefit-responsive and are reported at contract value. The assets of the investment are backed by Voya Retirement Insurance and Annuity Company (Voya) through an annuity contract. The amounts allocated to the Voya Fixed Account are held in Voya's general account which supports insurance and annuity obligations. The investment guarantees a minimum rate of interest for the life of the contract, and may credit a higher interest rate, from time to time. The rate that is credited becomes part of the principal and the investment increases through compounding interest. The current rate is subject to change but will never fall below the guaranteed minimum. Voya may impose restrictions on the ability to move funds into and out of this investment in order to maintain the stability of principal. The investment has two declared interest rates: a current rate, determined at least monthly, and a guaranteed minimum floor rate declared for a defined period which currently is one calendar year. Interest rate change is a key factor that can influence future crediting rates because it impacts the value, yield and duration of the underlying securities.

NOTE A BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

All of the asset-backed contracts held by the Voya Fixed Account are fully participating contracts. In a fully participating contract, the asset and liability risks may be transferred from Voya to the Voya Fixed Account in the event of a termination or non-participant directed withdrawal, transfer or loan. The risk of this event happening is not probable. Voya may terminate the fully benefit-responsive contract and settle at an amount different from the contract value if Voya is unable to meet the terms of the contract.

Notes Receivable from Participants - Loans to participants are reported as a receivable from participants at the unpaid principal balance plus any accrued but unpaid interest.

Federal Income Tax - The Company adopted a Prototype Non-standardized Profit Sharing Plan with CODA (the Prototype Plan). The Prototype Plan received a favorable opinion letter from the Internal Revenue Service on September 1, 2014, which stated that the Prototype Plan and related trust are designed in accordance with Section 401(a) of the Internal Revenue Code. The Prototype Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, the Plan Administrator believes the Plan was qualified and the related trust was tax-exempt as of December 31, 2018 and 2017.

The Plan believes that all significant tax positions utilized by the Plan will more likely than not be sustained upon examination. As of December 31, 2018, the tax years that remain subject to examination by the major tax jurisdictions under the statute of limitations are from the year 2015 forward (with limited exceptions). Tax penalties and interest, if any, would be accrued as incurred and would be classified as tax expense in the statement of changes in net assets available for plan benefits.

Subsequent Events - The Plan has evaluated subsequent events through October 14, 2019, the date the financial statements were available to be issued. No subsequent events occurred, which require adjustment or disclosure to the financial statements at December 31, 2018.

NOTE B PLAN DESCRIPTION

The following description of the Plan provides only general information about the Plan. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Participation - An employee is eligible to become a participant in the Plan once they reach the age of 21 on the first day of the month following the completion of one month of service.

Contributions - Participants may elect to make contributions to the Plan in an annual amount ranging from 1% to 50% of their eligible compensation. Eligible compensation in 2018 is limited to $275,000. Contributions are made through authorized payroll reductions. These contributions by individual employees were limited to $18,500 (participants under 50 years of age) and $24,500 (participants 50 years of age or older) in 2018. This limitation is adjusted periodically to reflect cost-of-living increases.

NOTE B PLAN DESCRIPTION (CONTINUED)

In addition, the Company, on a discretionary basis, may make matching contributions, profit sharing contributions, and/or qualified non-elective contributions. The Company elected to make a 401(k) matching contribution equal to 25% of each eligible employee's compensation up to 6%. The Company made matching contributions of $498,132, net of forfeitures for the year ended December 31, 2018.

Vesting - Participants are immediately vested in their salary reduction and rollover contributions, plus actual earnings thereon. Any Company matching and discretionary contributions and related earnings vest as follows:

Full Years of Vesting Service	Vested Interest
1 year	25%
2 years	50%
3 years	75%
4 years	100%

Form of Benefits - Benefits are recorded when paid. Benefits are paid in a lump sum payment. For participants having attained age 70-1/2, minimum distribution requirements apply. Terminated participant accounts having less than $5,000 will be distributed as soon as administratively feasible, with accounts over $1,000 being transferred to an IRA account unless otherwise directed by the participant.

Participant Loans - Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer between the investment fund and participant loans receivable. Loan terms range from 1 to 5 years or longer for the purchase of primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with prevailing rates. The interest rates on loans outstanding at December 31, 2018 range from 3.25% to 6.25%.

Investments - Each participant directs the investment of their account into any of the investment options designated by the Plan Administrator.

Forfeitures - Forfeitures of account balances not fully vested are used to pay administrative expenses and/or reduce future employer contributions. As of December 31, 2018, total forfeitures available to reduce future employer contributions amounted to $76,001. For the year ended December 31, 2018, forfeitures totaling $51,741 were used to reduce employer matching contributions.

Administration - The Company, at its discretion, may pay the Plan's administrative expenses. The Company pays for legal and audit expenses, the remainder of administrative expenses are paid by the Plan.

Plan Termination - Although the Company has not made a determination to terminate the Plan, the Company has the right under the Plan to terminate the Plan subject to provisions set forth in ERISA. Upon termination, all participants would become fully vested in their accrued benefits as of the date of termination.

NOTE C INVESTMENTS AND CERTIFIED INFORMATION

Investments at December 31, 2018 and 2017 are recorded at fair value and contract value as certified by Voya Institutional Trust Company as follows:

	2018	2017
Registered investment companies, at fair value	$ 31,699,575	$ 34,021,597
Fixed account, at contract value	3,836,678	3,535,255
	$ 35,536,253	$ 37,556,852

Income (loss), as certified by Voya Institutional Trust Company for the year ended December 31, 2018, is as follows:

Net investment loss from registered investment companies	$ (3,829,361)
Dividend and interest income from registered investment companies	$ 1,845,888
Interest income from fixed account	$ 39,448
Other income	$ 1,028
Interest income from participant loans	$ 60,628

Voya Institutional Trust Company also certified the participant loans receivable balances and the information contained in the supplemental schedule of assets (held at end of year).

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE D FAIR VALUE DISCLOSURES

GAAP provides a framework for measuring fair value using a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value based upon whether the inputs to those valuation techniques are observable or unobservable. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical financial instruments and the lowest priority to unobservable inputs. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The financial instrument's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. These inputs are summarized in the three broad levels listed below:

Level 1 – Unadjusted quoted prices for identical financial instruments in active markets that the Plan has the ability to access. All registered investment companies are valued using level 1 inputs.

NOTE D FAIR VALUE DISCLOSURES (CONTINUED)

Level 2 – Other significant observable inputs (including quoted prices in active or inactive markets for similar financial instruments), or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the financial instruments.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the financial instruments. The fair value of Level 3 financial instruments is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

Following is a description of the valuation technique used for investments measured at fair value. There have been no changes in the technique used during 2018 and 2017.

Registered investment companies are valued at the market value of shares held by the Plan at year end.

The preceding method 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 technique is appropriate and consistent with other market participants, the use of different techniques or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

There were no significant transfers in and/or out of the fair value categories during 2018 and 2017.

NOTE E PARTY-IN-INTEREST

The Plan invests in various funds offered by Voya Retirement Insurance and Annuity Company, an affiliate of Voya Institutional Trust Company. These investments are considered party-in-interest transactions because Voya Institutional Trust Company serves as trustee of the Plan. The Plan Administrator has approved of these investment options.

NOTE F RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2018 and 2017 to Schedule H of Form 5500:

	2018	2017
Net assets available for plan benefits per the financial statements	$ 36,817,933	$ 38,513,179
Excess contribution payable at year end	48,217	128,299
Net assets available for plan benefits per Schedule H, Form 5500	$ 36,866,150	$ 38,641,478

The following is a reconciliation of net decrease in plan assets per the financial statements for the year ended December 31, 2018 to Schedule H of Form 5500:

Net decrease in net assets for the year per the statement of changes in net assets available for plan benefits	$ (1,695,246)
Less: Prior year excess contribution payable	(128,299)
Plus: Current year excess contribution payable	48,217
Net loss per Schedule H, Form 5500	$ (1,775,328)

Plan Number 001 EIN 37-1478877

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	(A)	3,762.261 shares - Voya Multi-Manager International Small Cap Fund	**	$ 167,345
*	(A)	75,187.699 shares - Voya Large Cap Growth Portfolio Fund	**	1,336,837
*	(A)	75,996.820 shares - Voya Government Money Market Fund	**	75,997
	(B)	19,213.674 shares - Vanguard Total Stock Market Index Fund	**	1,192,977
	(B)	255,936.376 shares - Vanguard LifeStrategy Growth Fund	**	7,693,448
	(B)	3,315.111 shares - Vanguard Mid Cap Index Fund	**	567,016
	(B)	6,437.277 shares - Vanguard Small Cap Index Fund	**	407,029
	(B)	10,900.939 shares - Vanguard LifeStrategy Conservative Growth Fund	**	203,520
	(B)	72,359.148 shares - Vanguard LifeStrategy Income Fund	**	1,075,981
	(B)	273,877.311 shares - Vanguard LifeStrategy Moderate Growth Fund	**	6,792,157
	(C)	91,857.757 shares - PIMCO Total Return Fund	**	912,148
	(C)	40,380.164 shares - PIMCO Real Return Fund	**	426,415
	(D)	20,671.118 shares - Fidelity Advisors Real Estate Fund	**	402,053
	(E)	19,305.367 shares - American Funds Growth Fund	**	825,304
	(E)	14,303.649 shares - American Funds Investment Company Fund	**	484,894
	(E)	19,110.383 shares - American Funds Washington Mutual Investors Fund	**	785,246

Plan Number 001 EIN 37-1478877

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	(E)	11,487.924 shares - American Funds EuroPacific Growth Fund	**	516,842
	(E)	20,673.493 shares - American Funds New Perspective Fund	**	778,564
	(E)	31,705.821 shares - American Funds America Balanced Fund	**	789,792
	(F)	23,297.339 shares - Invesco Energy Fund	**	426,807
	(F)	33,965.865 shares - Invesco Diversified Dividend Fund	**	593,384
	(G)	34,881.395 shares - Pioneer Strategic Income Fund	**	359,627
	(H)	11,706.739 shares - T. Rowe Price Health Science Fund	**	784,469
	(I)	13,982.130 shares - ClearBridge Small Cap Growth Fund	**	453,440
	(J)	29,745.605 shares - Western Asset High Yield Fund	**	222,497
	(K)	9,648.708 shares - MFS Utilities Fund	**	189,018
	(K)	8,496.510 shares - MFS International Value Fund	**	320,064
	(L)	10,594.885 shares - Victory Small Cap Opportunity Fund	**	400,911
	(M)	25,876.580 shares - Franklin Small Cap Growth Fund	**	445,336
	(N)	21,078.744 shares - JPMorgan Mid Cap Value Fund	**	695,177
	(O)	16,729.659 shares - Oppenheimer International Bond Fund	**	89,504
	(P)	9,442.328 shares - AMG Yacktman Fund	**	179,876
	(Q)	3,529.110 shares - Davis Financial Fund	**	148,928
	(R)	9,927.290 shares - Ivy Science and Technology Fund	**	589,780

Plan Number 001 EIN 37-1478877

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	(S)	14,237.773 shares - DFA Emerging Markets Portfolio Fund	**	367,192
*	(A)	Voya Fixed Account	**	3,836,678
*	Participant Loans	Loans to Participants at interest rates ranging from 3.25% to 6.25%	-	1,329,897
				$ 36,866,150

* Represents a party-in-interest.
** Cost omitted for participant directed investments.
(A) All transactions were with Voya Retirement Insurance and Annuity Company
(B) All transactions were with The Vanguard Group
(C) All transactions were with PIMCO Private Banking Company
(D) All transactions were with Fidelity Investments Company
(E) All transactions were with Capital Group
(F) All transaction were with Invesco Ltd.
(G) All transactions were with Pioneer Investments
(H) All transactions were with T. Rowe Price Group, Inc.
(I) All transactions were with ClearBridge Investments
(J) All transactions were with Western Asset Management Company
(K) All transactions were with Massachusetts Financial Services Company
(L) All transactions were with Victory Capital Management
(M) All transactions were with Franklin Asset Management Company
(N) All transactions were with JPMorgan Chase
(O) All transaction were with Oppenheimer & Co Inc
(P) All transactions were with Yacktman Asset Management
(Q) All transactions were with Davis Funds
(R) All transactions were with Ivy Investments
(S) All transactions were with Dimensional Fund Advisors

Attachment to 2018 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
TOTAL SAFETY U.S., INC.
EIN#37-1478877
Plan#1
As Of December 31, 2018

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	American Funds Am Balancd R6	Registered Investment Company		$789,792
	American Funds EuroPacific R6	Registered Investment Company		$516,842
	American Funds Growth Fnd R6	Registered Investment Company		$825,304
	American Funds Inv Co Am R6	Registered Investment Company		$484,894
	American Funds Nw Prspctv R6	Registered Investment Company		$778,564
	American Funds Wash Mtual R6	Registered Investment Company		$785,246
	AMG Yacktman Fund I	Registered Investment Company		$179,876
	ClrBrg SmCp Grw Fd IS	Registered Investment Company		$453,440
	Davis Financial Fund A	Registered Investment Company		$148,928
	DFA Emerging Markets Port Ins	Registered Investment Company		$367,192
	Fidelity Adv Real Est Fd I	Registered Investment Company		$402,053
	Franklin Sm Cap Growth Fnd A	Registered Investment Company		$445,336
	Invesco Divrsd Dividend Fd R6	Registered Investment Company		$593,384
	Invesco Energy Fund R5	Registered Investment Company		$426,807
	Ivy Science & Technology Fnd I	Registered Investment Company		$589,780
	JPMorgan Mid Cap Value Fnd L	Registered Investment Company		$695,177
	MFS International Value Fnd R6	Registered Investment Company		$320,064
	MFS Utilities Fund R6	Registered Investment Company		$189,018
	Oppenhmr Intl Bond Fnd I	Registered Investment Company		$89,504
	PIMCO Real Return Fund Ins	Registered Investment Company		$426,415
	PIMCO Total Return Fund Ins	Registered Investment Company		$912,148
	Pioneer Strategic Income Fnd K	Registered Investment Company		$359,627
	TRwPr Health Sciences Fund	Registered Investment Company		$784,469
	Vangrd LifeStrat Cns Gr Fd Inv	Registered Investment Company		$203,520
	Vangrd LifeStrat Grw Fd Inv	Registered Investment Company		$7,693,448
	Vangrd LifeStrat Inc Fd Inv	Registered Investment Company		$1,075,981
	Vangrd LifeStrat Md Grw Fd Inv	Registered Investment Company		$6,792,157
	Vangrd Mid-Cap Index Fund Adm	Registered Investment Company		$567,016
	Vangrd SmlCp Indx Fd Admiral	Registered Investment Company		$407,029
	Vangrd Tot St Mkt Indx Fd Adm	Registered Investment Company		$1,192,977
	Victory Sycmr Sm Comp Opp Fd I	Registered Investment Company		$400,911
*	Voya Fixed Account (4062)	Insurance Company General Account		$3,836,678
*	Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		$75,997
*	Voya Large Cap Growth Prt Ins	Registered Investment Company		$1,336,837
*	Voya MltMgr Intl Sm Cap Fd I	Registered Investment Company		$167,345
	WstAsst High Yield Fund IS	Registered Investment Company		$222,497
	Participant Loans	Participant Loans		$1,329,897
	TOTAL	Registered Investment Company		$36,866,150

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.

TOTAL SAFETY U.S., INC.
401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

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Statement of Changes in Net Assets Available for Plan Benefits 5

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrative Committee of
Total Safety U.S., Inc. 401(k) Retirement Plan
Houston, Texas

We were engaged to audit the accompanying financial statements of Total Safety U.S., Inc. 401(k) Retirement Plan (the Plan), which comprise the statements of net assets available for plan benefits as December 31, 2018 and 2017 and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2018, 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; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. 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 C, which was certified by Voya Institutional Trust 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 certifications from the trustee as of December 31, 2018 and 2017 and for the year ended December 31, 2018, 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 these financial statements.

One Riverway · Suite 1900 · Houston, Texas 77056-1973 · 713.622.2310 · 713.622.5613 fax
harperpearson.com

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2018 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 the supplemental schedule.

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 schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with generally accepted auditing standards in the United States 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.

Harper E Pearson Company, P.C.

Houston, Texas
October 14, 2019

TOTAL SAFETY U.S., INC. 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2018 AND 2017

	2018	2017
ASSETS		
Investments, at fair value		
Registered investment companies	$ 31,699,575	$ 34,021,597
Investments, at contract value		
Fixed account	3,836,678	3,535,255
Total Investments	35,536,253	37,556,852
Receivables:		
Participant loans	1,329,897	1,084,626
TOTAL ASSETS	36,866,150	38,641,478
LIABILITIES		
Excess contributions payable	48,217	128,299
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 36,817,933	$ 38,513,179

See accompanying notes.

TOTAL SAFETY U.S., INC. 401(K) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2018

ADDITIONS ATTRIBUTED TO:	
INVESTMENT INCOME (LOSS)	
Net investment loss from registered investment companies	$ (3,829,361)
Dividend and interest income from registered investment companies	1,845,888
Interest income from fixed account	39,448
Other income	1,028
Total Investment Loss	(1,942,997)
Interest income from participant loans	60,628
CONTRIBUTIONS	
Employer	498,132
Employees	2,958,707
Rollovers	964,644
Total Contributions	4,421,483
TOTAL ADDITIONS	2,539,114
DEDUCTIONS ATTRIBUTED TO:	
Benefits paid to participants	3,988,430
Deemed distributions	40,529
Corrective distributions	50,083
Administrative expenses	155,318
TOTAL DEDUCTIONS	4,234,360
NET DECREASE IN NET ASSETS FOR THE YEAR	(1,695,246)
NET ASSETS AVAILABLE FOR PLAN BENEFITS - Beginning	38,513,179
NET ASSETS AVAILABLE FOR PLAN BENEFITS - Ending	$ 36,817,933

See accompanying notes.

NOTE A BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General - The Total Safety U.S., Inc. 401(k) Retirement Plan (the Plan) was adopted effective January 1, 2004 to establish a savings and investment plan for the exclusive benefit of the employees of Total Safety U.S. Inc., Total Safety Virgin Island, LLC and WSI Industrial Safety (the Company, Plan Sponsor and Plan Administrator) and their beneficiaries. The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Basis of Presentation - The financial statements of the Plan are prepared on the accrual basis of accounting. Interest and dividend income are recognized when earned.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles in the United States (GAAP) requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan provides for several investment options which are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

Valuation of Investments - Registered investment companies 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. In accordance with the policy of stating these investments at fair value, net investment gain or loss is included in the carrying value of related investments in the statements of net assets available for plan benefits and the changes in the net investment gain or loss are reflected in the statement of changes in net assets available for plan benefits.

Fully benefit-responsive investments are reported at contract value.

Benefit-Responsive Fund - The fixed income account invests primarily in asset-backed contracts that are fully benefit-responsive and are reported at contract value. The assets of the investment are backed by Voya Retirement Insurance and Annuity Company (Voya) through an annuity contract. The amounts allocated to the Voya Fixed Account are held in Voya's general account which supports insurance and annuity obligations. The investment guarantees a minimum rate of interest for the life of the contract, and may credit a higher interest rate, from time to time. The rate that is credited becomes part of the principal and the investment increases through compounding interest. The current rate is subject to change but will never fall below the guaranteed minimum. Voya may impose restrictions on the ability to move funds into and out of this investment in order to maintain the stability of principal. The investment has two declared interest rates: a current rate, determined at least monthly, and a guaranteed minimum floor rate declared for a defined period which currently is one calendar year. Interest rate change is a key factor that can influence future crediting rates because it impacts the value, yield and duration of the underlying securities.

NOTE A BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

All of the asset-backed contracts held by the Voya Fixed Account are fully participating contracts. In a fully participating contract, the asset and liability risks may be transferred from Voya to the Voya Fixed Account in the event of a termination or non-participant directed withdrawal, transfer or loan. The risk of this event happening is not probable. Voya may terminate the fully benefit-responsive contract and settle at an amount different from the contract value if Voya is unable to meet the terms of the contract.

Notes Receivable from Participants - Loans to participants are reported as a receivable from participants at the unpaid principal balance plus any accrued but unpaid interest.

Federal Income Tax - The Company adopted a Prototype Non-standardized Profit Sharing Plan with CODA (the Prototype Plan). The Prototype Plan received a favorable opinion letter from the Internal Revenue Service on September 1, 2014, which stated that the Prototype Plan and related trust are designed in accordance with Section 401(a) of the Internal Revenue Code. The Prototype Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, the Plan Administrator believes the Plan was qualified and the related trust was tax-exempt as of December 31, 2018 and 2017.

The Plan believes that all significant tax positions utilized by the Plan will more likely than not be sustained upon examination. As of December 31, 2018, the tax years that remain subject to examination by the major tax jurisdictions under the statute of limitations are from the year 2015 forward (with limited exceptions). Tax penalties and interest, if any, would be accrued as incurred and would be classified as tax expense in the statement of changes in net assets available for plan benefits.

Subsequent Events - The Plan has evaluated subsequent events through October 14, 2019, the date the financial statements were available to be issued. No subsequent events occurred, which require adjustment or disclosure to the financial statements at December 31, 2018.

NOTE B PLAN DESCRIPTION

The following description of the Plan provides only general information about the Plan. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Participation - An employee is eligible to become a participant in the Plan once they reach the age of 21 on the first day of the month following the completion of one month of service.

Contributions - Participants may elect to make contributions to the Plan in an annual amount ranging from 1% to 50% of their eligible compensation. Eligible compensation in 2018 is limited to $275,000. Contributions are made through authorized payroll reductions. These contributions by individual employees were limited to $18,500 (participants under 50 years of age) and $24,500 (participants 50 years of age or older) in 2018. This limitation is adjusted periodically to reflect cost-of-living increases.

NOTE B PLAN DESCRIPTION (CONTINUED)

In addition, the Company, on a discretionary basis, may make matching contributions, profit sharing contributions, and/or qualified non-elective contributions. The Company elected to make a 401(k) matching contribution equal to 25% of each eligible employee's compensation up to 6%. The Company made matching contributions of $498,132, net of forfeitures for the year ended December 31, 2018.

Vesting - Participants are immediately vested in their salary reduction and rollover contributions, plus actual earnings thereon. Any Company matching and discretionary contributions and related earnings vest as follows:

Full Years of Vesting Service	Vested Interest
1 year	25%
2 years	50%
3 years	75%
4 years	100%

Form of Benefits - Benefits are recorded when paid. Benefits are paid in a lump sum payment. For participants having attained age 70-1/2, minimum distribution requirements apply. Terminated participant accounts having less than $5,000 will be distributed as soon as administratively feasible, with accounts over $1,000 being transferred to an IRA account unless otherwise directed by the participant.

Participant Loans - Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer between the investment fund and participant loans receivable. Loan terms range from 1 to 5 years or longer for the purchase of primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with prevailing rates. The interest rates on loans outstanding at December 31, 2018 range from 3.25% to 6.25%.

Investments - Each participant directs the investment of their account into any of the investment options designated by the Plan Administrator.

Forfeitures - Forfeitures of account balances not fully vested are used to pay administrative expenses and/or reduce future employer contributions. As of December 31, 2018, total forfeitures available to reduce future employer contributions amounted to $76,001. For the year ended December 31, 2018, forfeitures totaling $51,741 were used to reduce employer matching contributions.

Administration - The Company, at its discretion, may pay the Plan's administrative expenses. The Company pays for legal and audit expenses, the remainder of administrative expenses are paid by the Plan.

Plan Termination - Although the Company has not made a determination to terminate the Plan, the Company has the right under the Plan to terminate the Plan subject to provisions set forth in ERISA. Upon termination, all participants would become fully vested in their accrued benefits as of the date of termination.

NOTE C INVESTMENTS AND CERTIFIED INFORMATION

Investments at December 31, 2018 and 2017 are recorded at fair value and contract value as certified by Voya Institutional Trust Company as follows:

	2018	2017
Registered investment companies, at fair value	$ 31,699,575	$ 34,021,597
Fixed account, at contract value	3,836,678	3,535,255
	$ 35,536,253	$ 37,556,852

Income (loss), as certified by Voya Institutional Trust Company for the year ended December 31, 2018, is as follows:

Net investment loss from registered investment companies	$ (3,829,361)
Dividend and interest income from registered investment companies	$ 1,845,888
Interest income from fixed account	$ 39,448
Other income	$ 1,028
Interest income from participant loans	$ 60,628

Voya Institutional Trust Company also certified the participant loans receivable balances and the information contained in the supplemental schedule of assets (held at end of year).

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE D FAIR VALUE DISCLOSURES

GAAP provides a framework for measuring fair value using a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value based upon whether the inputs to those valuation techniques are observable or unobservable. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical financial instruments and the lowest priority to unobservable inputs. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The financial instrument's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. These inputs are summarized in the three broad levels listed below:

Level 1 – Unadjusted quoted prices for identical financial instruments in active markets that the Plan has the ability to access. All registered investment companies are valued using level 1 inputs.

NOTE D FAIR VALUE DISCLOSURES (CONTINUED)

Level 2 – Other significant observable inputs (including quoted prices in active or inactive markets for similar financial instruments), or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the financial instruments.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the financial instruments. The fair value of Level 3 financial instruments is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

Following is a description of the valuation technique used for investments measured at fair value. There have been no changes in the technique used during 2018 and 2017.

Registered investment companies are valued at the market value of shares held by the Plan at year end.

The preceding method 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 technique is appropriate and consistent with other market participants, the use of different techniques or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

There were no significant transfers in and/or out of the fair value categories during 2018 and 2017.

NOTE E PARTY-IN-INTEREST

The Plan invests in various funds offered by Voya Retirement Insurance and Annuity Company, an affiliate of Voya Institutional Trust Company. These investments are considered party-in-interest transactions because Voya Institutional Trust Company serves as trustee of the Plan. The Plan Administrator has approved of these investment options.

NOTE F RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2018 and 2017 to Schedule H of Form 5500:

	2018	2017
Net assets available for plan benefits per the financial statements	$ 36,817,933	$ 38,513,179
Excess contribution payable at year end	48,217	128,299
Net assets available for plan benefits per Schedule H, Form 5500	$ 36,866,150	$ 38,641,478

The following is a reconciliation of net decrease in plan assets per the financial statements for the year ended December 31, 2018 to Schedule H of Form 5500:

Net decrease in net assets for the year per the statement of changes in net assets available for plan benefits	$ (1,695,246)
Less: Prior year excess contribution payable	(128,299)
Plus: Current year excess contribution payable	48,217
Net loss per Schedule H, Form 5500	$ (1,775,328)

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(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	(A)	3,762.261 shares - Voya Multi-Manager International Small Cap Fund	**	$ 167,345
*	(A)	75,187.699 shares - Voya Large Cap Growth Portfolio Fund	**	1,336,837
*	(A)	75,996.820 shares - Voya Government Money Market Fund	**	75,997
	(B)	19,213.674 shares - Vanguard Total Stock Market Index Fund	**	1,192,977
	(B)	255,936.376 shares - Vanguard LifeStrategy Growth Fund	**	7,693,448
	(B)	3,315.111 shares - Vanguard Mid Cap Index Fund	**	567,016
	(B)	6,437.277 shares - Vanguard Small Cap Index Fund	**	407,029
	(B)	10,900.939 shares - Vanguard LifeStrategy Conservative Growth Fund	**	203,520
	(B)	72,359.148 shares - Vanguard LifeStrategy Income Fund	**	1,075,981
	(B)	273,877.311 shares - Vanguard LifeStrategy Moderate Growth Fund	**	6,792,157
	(C)	91,857.757 shares - PIMCO Total Return Fund	**	912,148
	(C)	40,380.164 shares - PIMCO Real Return Fund	**	426,415
	(D)	20,671.118 shares - Fidelity Advisors Real Estate Fund	**	402,053
	(E)	19,305.367 shares - American Funds Growth Fund	**	825,304
	(E)	14,303.649 shares - American Funds Investment Company Fund	**	484,894
	(E)	19,110.383 shares - American Funds Washington Mutual Investors Fund	**	785,246

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(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	(E)	11,487.924 shares - American Funds EuroPacific Growth Fund	**	516,842
	(E)	20,673.493 shares - American Funds New Perspective Fund	**	778,564
	(E)	31,705.821 shares - American Funds America Balanced Fund	**	789,792
	(F)	23,297.339 shares - Invesco Energy Fund	**	426,807
	(F)	33,965.865 shares - Invesco Diversified Dividend Fund	**	593,384
	(G)	34,881.395 shares - Pioneer Strategic Income Fund	**	359,627
	(H)	11,706.739 shares - T. Rowe Price Health Science Fund	**	784,469
	(I)	13,982.130 shares - ClearBridge Small Cap Growth Fund	**	453,440
	(J)	29,745.605 shares - Western Asset High Yield Fund	**	222,497
	(K)	9,648.708 shares - MFS Utilities Fund	**	189,018
	(K)	8,496.510 shares - MFS International Value Fund	**	320,064
	(L)	10,594.885 shares - Victory Small Cap Opportunity Fund	**	400,911
	(M)	25,876.580 shares - Franklin Small Cap Growth Fund	**	445,336
	(N)	21,078.744 shares - JPMorgan Mid Cap Value Fund	**	695,177
	(O)	16,729.659 shares - Oppenheimer International Bond Fund	**	89,504
	(P)	9,442.328 shares - AMG Yacktman Fund	**	179,876
	(Q)	3,529.110 shares - Davis Financial Fund	**	148,928
	(R)	9,927.290 shares - Ivy Science and Technology Fund	**	589,780

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(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	(S)	14,237.773 shares - DFA Emerging Markets Portfolio Fund	**	367,192
*	(A)	Voya Fixed Account	**	3,836,678
*	Participant Loans	Loans to Participants at interest rates ranging from 3.25% to 6.25%	-	1,329,897
				$ 36,866,150

* Represents a party-in-interest.
** Cost omitted for participant directed investments.
(A) All transactions were with Voya Retirement Insurance and Annuity Company
(B) All transactions were with The Vanguard Group
(C) All transactions were with PIMCO Private Banking Company
(D) All transactions were with Fidelity Investments Company
(E) All transactions were with Capital Group
(F) All transaction were with Invesco Ltd.
(G) All transactions were with Pioneer Investments
(H) All transactions were with T. Rowe Price Group, Inc.
(I) All transactions were with ClearBridge Investments
(J) All transactions were with Western Asset Management Company
(K) All transactions were with Massachusetts Financial Services Company
(L) All transactions were with Victory Capital Management
(M) All transactions were with Franklin Asset Management Company
(N) All transactions were with JPMorgan Chase
(O) All transaction were with Oppenheimer & Co Inc
(P) All transactions were with Yacktman Asset Management
(Q) All transactions were with Davis Funds
(R) All transactions were with Ivy Investments
(S) All transactions were with Dimensional Fund Advisors