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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                              |                                                                                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                              |                                                                                                                                                                                                                                             |  |
| For calendar plan year 2018 or fiscal plan year beginning <u>10/01/2018</u> and ending <u>09/30/2019</u> |                                                                                              |                                                                                                                                                                                                                                             |  |
| <b>A</b>                                                                                                 | This return/report is for:                                                                   | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)               |  |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan                                   | <input type="checkbox"/> a DFE (specify) ____                                                                                                                                                                                               |  |
| <b>B</b>                                                                                                 | This return/report is:                                                                       | <input type="checkbox"/> the first return/report<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |  |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/> |                                                                                                                                                                                                                                             |  |
| <b>D</b>                                                                                                 | Check box if filing under:                                                                   | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program                                                                                                        |  |
|                                                                                                          | <input type="checkbox"/> special extension (enter description)                               |                                                                                                                                                                                                                                             |  |

|                |                                                                                                                                                                                                                                                                                                                                                           |           |                                                           |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                            |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                           | <b>1b</b> | Three-digit plan number (PN) ▶ <u>004</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                           | <b>1c</b> | Effective date of plan<br><u>07/01/1974</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>AVON RUBBER AND PLASTICS, INC.</u><br><br><u>503 EIGHTH STREET</u><br><u>CADILLAC, MI 49601</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>36-3366161</u> |
|                |                                                                                                                                                                                                                                                                                                                                                           | <b>2c</b> | Plan Sponsor's telephone number<br><u>231-779-6200</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                           | <b>2d</b> | Business code (see instructions)<br><u>326200</u>         |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/14/2020 | MICHAEL HAMNER                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/14/2020 | ROBERTA NELSON                                               |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                        |                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>AVON RUBBER AND PLASTICS, INC.<br><br>503 EIGHTH STREET<br>CADILLAC, MI 49601                                                                                                     | <b>3b</b> Administrator's EIN<br>36-3366161<br><br><b>3c</b> Administrator's telephone number<br>231-779-6200 |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                             |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 627                                                                                                  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                       |                                                                                                               |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                | <b>6a(1)</b> 439                                                                                              |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b> 424                                                                                              |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                     | <b>6b</b> 1                                                                                                   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b> 188                                                                                                 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            | <b>6d</b> 613                                                                                                 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             | <b>6e</b> 0                                                                                                   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                | <b>6f</b> 613                                                                                                 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                        | <b>6g</b> 591                                                                                                 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                             | <b>6h</b> 0                                                                                                   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                   | <b>7</b>                                                                                                      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2G 2J 2K 2S 2T 3D                                                                                                   |                                                                                                               |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                            |                                                                                                               |

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                 |                                                             |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019      |                                                             |
| <b>A</b> Name of plan<br>AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN               | <b>B</b> Three-digit plan number (PN) ▶ 004                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AVON RUBBER AND PLASTICS, INC. | <b>D</b> Employer Identification Number (EIN)<br>36-3366161 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                                             |
|---------------------------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>PRUDENTIAL 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     |
| 06-1050034 | 93629         | 036787                                | 613                                                                         | 10/01/2018              | 09/30/2019 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> 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. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                  |                                           |
|--------------------------------------------------|-------------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br>0 | <b>(b)</b> Total amount of fees paid<br>0 |
|--------------------------------------------------|-------------------------------------------|

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> 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 |                       |
|                                               |                                 |             |                       |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> 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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 5246601 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 8602792 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier.....                                                                                                                                                                         | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

|                                                       |           |         |
|-------------------------------------------------------|-----------|---------|
| <b>b</b> Balance at the end of the previous year..... | <b>7b</b> | 4860746 |
|-------------------------------------------------------|-----------|---------|

|                                                                       |              |        |  |
|-----------------------------------------------------------------------|--------------|--------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 464272 |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> |        |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 95720  |  |
| (4) Transferred from separate account.....                            | <b>7c(4)</b> | 305486 |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 685989 |  |

▶ **LOAN REPAYMENTS, TRANSFERS IN MISCELLANEOUS IN FORFEITURE CREDITS**

|                          |              |         |
|--------------------------|--------------|---------|
| (6) Total additions..... | <b>7c(6)</b> | 1551467 |
|--------------------------|--------------|---------|

|                                                                                       |           |         |
|---------------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 6412213 |
|---------------------------------------------------------------------------------------|-----------|---------|

**e** Deductions:

|                                                                                 |              |        |  |
|---------------------------------------------------------------------------------|--------------|--------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 729792 |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 631    |  |
| (3) Transferred to separate account.....                                        | <b>7e(3)</b> | 151364 |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 283825 |  |

▶ **LOAN INITIATIONS, TRANSFERS OUT MISCELLANEOUS OUT FORFEITURES DEBITS**

|                           |              |         |
|---------------------------|--------------|---------|
| (5) Total deductions..... | <b>7e(5)</b> | 1165612 |
|---------------------------|--------------|---------|

|                                                                                                         |           |         |
|---------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 5246601 |
|---------------------------------------------------------------------------------------------------------|-----------|---------|

**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:

|                                                                                                                                                    |                 |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)) .....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid .....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |  |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention .....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

Specify nature of costs.

**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. ▶

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

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019 |                                                      |     |
| A Name of plan<br>AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN                 | B Three-digit plan number (PN) ▶                     | 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AVON RUBBER AND PLASTICS, INC.   | D Employer Identification Number (EIN)<br>36-3366161 |     |

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRUDENTIAL RETIREMENT INSURANCE AND                                                                        |
| 06-1050034                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (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 |
|                                                                                                            |

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|------------------------------------------------------------------------------------------------------------|
| (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

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**(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

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**(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

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**(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

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

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**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)

RAYMOND JAMES FINANCIAL SERVICES, I

59-1531281

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | NONE                                                                                              | 42998                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 15 37 50 64         | NONE                                                                                              | 15768                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PRUDENTIAL RETIREMENT INSURANCE AND                                 | 15 64                                                                                                                                                              | 0                                         |
| (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. |                                           |
| PRUDENTIAL RETIREMENT INSURANCE AND<br><br>06-1050034               | 25.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2018 TO 12/31/2018 GUARANTEED INCOME FUND                                                      |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

|                                                                                                               |                                                                            |            |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN</u>                      | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>004</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>AVON RUBBER AND PLASTICS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-3366161</u>         |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                     |                               |                                                                                                                                                       |
|-------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BD ENHANCED IDX/PGIM</u>     |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u> |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>06-1050034-036</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>3149252</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DRYDEN S&amp;P 500 INDEX FUND</u> |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u> |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>06-1050034-123</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1523623</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MCG/ARTISAN PARTNER</u>           |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u> |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>06-1050034-185</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>2022046</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MCV/WELLINGTON</u>                |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u> |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>06-1050034-187</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>0</u></span>       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRU DAY ONE IFX TARG BAL</u>      |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u> |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>06-1050034-697</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>6076</u></span>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCG/TIMESSQUARE</u>               |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u> |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>06-1050034-132</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1901795</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN                                                                     | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                   |

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2018 or fiscal plan year beginning <b>10/01/2018</b> and ending <b>09/30/2019</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN</b>                 | <b>B</b> Three-digit plan number (PN) ►                            | <b>004</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AVON RUBBER AND PLASTICS, INC.</b>   | <b>D</b> Employer Identification Number (EIN)<br><b>36-3366161</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 0                     | 5748            |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 724595                | 738864          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 9541518               | 8602792         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 14211491              | 16605337        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 4860746               | 5246601         |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 29338350              | 31199342        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 29338350 | 31199342 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 627611     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 2064880    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 446207     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3138698   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 38638      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 95720      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 134358    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 239562     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 239562    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 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)  |            | 353082    |
| (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) |            | 432115    |
| c Other income.....                                                                            | 2c     |            | 43891     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....              | 2d     |            | 4341706   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 2421305 |         |
| (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) |         | 2421305 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         |         |
| h Interest expense .....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) |         |         |
| (2) Contract administrator fees.....                                                 | 2i(2) |         |         |
| (3) Investment advisory and management fees.....                                     | 2i(3) |         |         |
| (4) Other .....                                                                      | 2i(4) | 59409   |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |         | 59409   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 2480714 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 1860992 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan.....                                    | 2l(1) |  |         |
| (2) From this plan.....                                  | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: BAIRD, COTTER, AND BISHOP, P.C.

(2) EIN: 38-1995866

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|---------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |         |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |         |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |         |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |         |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |         |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |         |

**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.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

|                                                                                                        |                                                                    |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN</u>               | <b>B</b> Three-digit plan number (PN) ▶<br><u>004</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AVON RUBBER AND PLASTICS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-3366161</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>22-1211670</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2018  
v. 171027

**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 .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

**b** The corresponding number for the second preceding plan year .....

**15a****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 .....

**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 .....

**16a****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):

**AVON RUBBER & PLASTICS, INC.**

**EMPLOYEES RETIREMENT PLAN**

**SEPTEMBER 30, 2019**



**Baird, Cotter & Bishop, P.C.**  
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CERTIFIED PUBLIC ACCOUNTANTS  
134 WEST HARRIS STREET CADILLAC, MICHIGAN 49601 PHONE: (231) 775-9789 FAX: (231) 775-9749  
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AVON RUBBER & PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

SEPTEMBER 30, 2019

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www.bcbcpa.com

June 29, 2020

## INDEPENDENT AUDITOR'S REPORT

To the Administrator of the  
Avon Rubber & Plastics, Inc.  
Employees Retirement Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Avon Rubber & Plastics, Inc. Employees Retirement Plan, which comprise the statements of net assets available for benefits as of September 30, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended September 30, 2019 and 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.

## **Other Matter**

The supplemental schedule of Schedule H, Item 4i – Schedule of Assets (Held at End of Year) as of or for the year ended September 30, 2019, 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 referred to above.

## **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 auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BAIRD, COTTER AND BISHOP, P.C.

*Baird, Cotter & Bishop, P.C.*

AVON RUBBER & PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30,

|                                                                            | <u>2019</u>                 | <u>2018</u>                 |
|----------------------------------------------------------------------------|-----------------------------|-----------------------------|
| <u>ASSETS</u>                                                              |                             |                             |
| Investments                                                                |                             |                             |
| Prudential Retirement Insurance and Annuity Company<br>(at Fair Value)     | \$ 8,602,792                | \$ 9,541,518                |
| Prudential Retirement Insurance and Annuity Company<br>(at Contract Value) | 5,246,601                   | 4,860,746                   |
| Prudential Mutual Funds (at Fair Value)                                    | 16,605,337                  | 14,211,491                  |
| Total Investments                                                          | <u>30,454,730</u>           | <u>28,613,755</u>           |
| Receivables                                                                |                             |                             |
| Employer Contributions                                                     | 5,748                       | 0                           |
| Notes Receivable from Participants                                         | 738,864                     | 724,595                     |
| Total Receivables                                                          | <u>744,612</u>              | <u>724,595</u>              |
| Total Assets                                                               | 31,199,342                  | 29,338,350                  |
| <u>LIABILITIES</u>                                                         | <u>0</u>                    | <u>0</u>                    |
| NET ASSETS AVAILABLE FOR BENEFITS                                          | <u><u>\$ 31,199,342</u></u> | <u><u>\$ 29,338,350</u></u> |

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

AVON RUBBER & PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED SEPTEMBER 30,

|                                                                | <u>2019</u>          | <u>2018</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| <u>ADDITIONS TO NET ASSETS</u>                                 |                      |                      |
| Contributions                                                  |                      |                      |
| Employer                                                       | \$ 627,611           | \$ 638,173           |
| Participants                                                   | 2,064,880            | 2,109,922            |
| Rollovers                                                      | 446,207              | 85,513               |
| Total Contributions                                            | <u>3,138,698</u>     | <u>2,833,608</u>     |
| Investment Income                                              |                      |                      |
| Interest                                                       | 95,720               | 88,769               |
| Dividends                                                      | 239,562              | 155,118              |
| Net Appreciation in Fair Value of Investments                  | 829,088              | 2,038,968            |
| Total Investment Income                                        | <u>1,164,370</u>     | <u>2,282,855</u>     |
| Interest Income on Notes Receivable from Participants          | <u>38,638</u>        | <u>34,148</u>        |
| Total Additions                                                | <u>4,341,706</u>     | <u>5,150,611</u>     |
| <u>DEDUCTIONS FROM NET ASSETS</u>                              |                      |                      |
| Benefit Payments to Participants                               | 2,421,305            | 3,339,483            |
| Administrative Expenses                                        | 59,409               | 60,261               |
| Assets Transferred to Other Plans                              | 0                    | 1,525,061            |
| Total Deductions                                               | <u>2,480,714</u>     | <u>4,924,805</u>     |
| Net Increase (Decrease) in Assets Available for Benefits       | 1,860,992            | 225,806              |
| <u>NET ASSETS AVAILABLE FOR BENEFITS</u> - Beginning of Period | <u>29,338,350</u>    | <u>29,112,544</u>    |
| <u>NET ASSETS AVAILABLE FOR BENEFITS</u> - End of Period       | <u>\$ 31,199,342</u> | <u>\$ 29,338,350</u> |

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

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

NOTE A - DESCRIPTION OF PLAN

The following description of the Avon Rubber and Plastics, Inc. Employees Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan covering all full-time employees of the Company who have completed ninety days of service and all part-time employees who have completed one year of service. The Plan was established in July of 1974 and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

2. Participant Contributions

Participants may contribute up to fifty percent of their compensation up to the annual IRS dollar limits. Participants direct the Company as to the allocation of their contributions to the various funds in the Plan.

3. Employer Contributions

Eligible full-time employees who have completed ninety days of service and eligible part-time employees who have completed one year of service and are at least age 18 will receive a match. The Company matches 50% on the first 6% of each participant's elective contribution amount but not more than 3% of each participant's compensation for a given plan year.

The Company may contribute an additional discretionary amount which shall be proportionately allocated among participants according to compensation level. There were no discretionary profit-sharing contributions for 2019 and 2018.

4. Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of the Company's contribution and plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to 50% of their vested account balance. The loans are secured by the vested balance in the participant's account and bear interest rates between 4.25% and 6.50%, which are commensurate with local prevailing rates. Principal and interest is paid ratable through bi-weekly payroll deductions.

6. Vesting

Participants are immediately vested in their voluntary contributions and employer contributions plus actual earnings thereon.

7. Payment of Benefits

On termination of service due to death, retirement or termination, the participant or the participant's beneficiary receives the value of the funds allocated to his account in the form of a lump sum payment or installments.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

8. Forfeited Accounts

There are no forfeitures due to 100% vesting of salary deferrals, rollover contributions, and company match.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting

The financial statements and schedules of the Plan are prepared on the accrual basis of accounting.

2. Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

3. Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract 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. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisors, trustees, and insurance company. See Note D for discussion of fair value measurements.

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

4. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of September 30, 2019 or 2018. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

5. Payment of Benefits

Benefits are recorded when paid.

6. Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

7. Subsequent Events

The Plan has evaluated subsequent events through June 29, 2020, the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

On January 30, 2020, the World Health Organization (“WHO”) announced a global health emergency stemming from a new strain of coronavirus that was spreading globally (the “COVID-19 outbreak”). On March 11, 2020, the WHO classified the COVID-19 outbreak as a pandemic, triggering volatility in financial markets and a significant negative impact on the global economy. As a result, the Plan’s investment portfolio has incurred a significant decline in fair value during the first quarter of 2020. However, because the values of the Plan’s individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, cannot be determined. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report.

NOTE C - CERTIFIED FINANCIAL DATA & INVESTMENTS

The following is a summary of the unaudited information regarding the Plan as of September 30, 2019 and 2018, and for the years then ended, included in the Plan’s financial statements and supplemental schedule, that was prepared by or derived from information prepared by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that such information is complete and accurate.

The information included in the Schedule of Assets (Held at End of Year) on page 11 was also prepared from information certified by the trustee.

|                                                     | September 30,<br>2019 | September 30,<br>2018 |
|-----------------------------------------------------|-----------------------|-----------------------|
| Investments, at Fair Value                          |                       |                       |
| Prudential Retirement Insurance and Annuity Company |                       |                       |
| Dryden S & P 500 Index Fund                         | \$ 1,523,623          | \$ 1,367,396          |
| Small Cap Growth/TimesSquare                        | 1,901,795             | 1,846,866             |
| Mid Cap Growth/Artisan Partners                     | 2,022,046             | 1,987,864             |
| Mid Cap Value/Wellington Management                 | 0                     | 1,589,020             |
| Core Bond Enhanced Index/PIM                        | 3,149,252             | 2,744,641             |
| Prudential Day One IncomeFlex Target Balanced Fund  | 6,076                 | 5,731                 |
| Prudential Mutual Funds                             |                       |                       |
| Neuberger Berman High Inc Bond Inv                  | 0                     | 1,028,116             |
| Allianz NFJ Small Cap Value Admin                   | 0                     | 1,296,947             |
| American Funds EuroPacific Growth R3                | 1,891,036             | 1,761,557             |
| JP Morgan Core Plus Bond Select                     | 358,630               | 295,380               |
| JP Morgan Large Cap Growth A                        | 3,591,568             | 3,504,038             |
| PGIM High Yield R6                                  | 1,094,880             | 0                     |
| MFS New Discovery Value R4                          | 1,365,786             | 0                     |
| Virtus Ceredex Mid-Cap Value Equity I               | 1,632,289             | 0                     |
| Calamos International Growth I                      | 1,643,859             | 1,587,664             |
| Invesco Developing Markets Y                        | 2,193,561             | 2,077,290             |

AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

|                                                       | September 30,<br>2019 | September 30,<br>2018 |
|-------------------------------------------------------|-----------------------|-----------------------|
| Investments, at Fair Value (continued)                |                       |                       |
| Prudential Mutual Funds                               |                       |                       |
| Invesco Diversified Dividend A                        | 2,830,891             | 2,658,626             |
| Lord Abbett Core Fixed Income A                       | 2,837                 | 1,873                 |
|                                                       | <u>25,208,129</u>     | <u>23,753,009</u>     |
| Investments, at Contract Value                        |                       |                       |
| Prudential Retirement Insurance and Annuity Company   |                       |                       |
| Guaranteed Income Fund                                | 5,246,601             | 4,860,746             |
|                                                       | <u>\$ 30,454,730</u>  | <u>\$ 28,613,755</u>  |
| Investment Income                                     |                       |                       |
| Interest                                              | \$ 95,720             | \$ 88,769             |
| Dividends                                             | 239,562               | 155,118               |
| Net Appreciation in Fair Value of Investments         | 829,088               | 2,038,968             |
| Interest Income on Notes Receivable from Participants | 38,638                | 34,148                |
| Administrative Expenses                               | 59,409                | 60,261                |

During the year ending September 30, 2019, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$829,088. Of this change, \$353,082 took place in the pooled separate accounts, \$432,115 took place in mutual funds, and the remaining \$43,891 was from other investment earnings.

NOTE D - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1    Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2    Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability'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. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

*Pooled Separate Accounts:* Prudential Retirement Insurance and Annuity Company (PRIAC) separate accounts are measured via units. When Prudential invests in an alliance fund, they buy shares, which have a stated value, to create a Separate Account. When an individual chooses one of their separate accounts for their retirement savings, they own units of the separate account. The value of the participant portion of PRIAC's Separate Account is the net unit value (NUV) multiplied by the number of units the participant owns. The value of the portion of the mutual fund owned by the Separate Account is determined by multiplying the net asset value (NAV) by the number of shares owned. The NUV includes dividends and capital gains that are automatically reinvested for the pooled market value separate account and deducts a small Prudential charge for administering the account. The daily changes in the pooled market value separate account's NUV represents the pooled market value separate account's performance.

*Mutual Funds:* Fair value of these assets are determined by the mutual funds' Net Asset Value (NAV). Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Accounting standard ASU 2015-07 eliminates categorizing investments by level when NAV is used. The Plan does not have any other investments reported at fair value that require the level disclosure.

Fair Value of investments that use NAV:

| September 30, 2019       | Fair Value    | Unfunded<br>Commitments | Redemption<br>Frequency (if<br>currently eligible) | Redemption<br>notice period |
|--------------------------|---------------|-------------------------|----------------------------------------------------|-----------------------------|
| Pooled Separate Accounts | \$ 8,602,792  | N/A                     | Daily                                              | None                        |
| Mutual Funds             | \$ 16,605,337 | N/A                     | Daily                                              | None                        |

  

| September 30, 2018       | Fair Value    | Unfunded<br>Commitments | Redemption<br>Frequency (if<br>currently eligible) | Redemption<br>notice period |
|--------------------------|---------------|-------------------------|----------------------------------------------------|-----------------------------|
| Pooled Separate Accounts | \$ 9,541,518  | N/A                     | Daily                                              | None                        |
| Mutual Funds             | \$ 14,211,491 | N/A                     | Daily                                              | None                        |

NOTE E - GROUP ANNUITY CONTRACT WITH EVERGREEN INSURANCE GROUP

During 2019 and 2018, the Plan held an interest in a traditional fully benefit-responsive guaranteed investment contract with Evergreen Insurance Group totaling \$5,246,601 for September 30, 2019 and \$4,860,746 for September 30, 2018. Prudential Retirement Insurance and Annuity Company maintains the contributions in a

# AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

general account, Guaranteed Income Fund. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer and is reviewed on an annual basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Prudential Retirement Insurance and Annuity Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Generally, there are not any events that could limit the ability of the plan to transact at contract value paid within 90 days or contract value paid overtime.

In addition, there are not any events that allow the issuer to terminate the contract and which require the plan sponsor to settle at an amount different than contract value paid either within 90 days or over time.

### NOTE F - RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, manages certain Plan investments. Therefore, these transactions qualify as party in interest transactions and are denoted as such on the supplemental Schedule of Assets (Held at End of Year).

The Plan engaged in transactions involving Prudential Retirement Insurance and Annuity Company, the Plan's administrator and trustee; Baird, Cotter and Bishop, P.C., the Plan auditor; and Avon Rubber & Plastics, Inc., the Plan sponsor, which are party in interest with respect to the Plan. These transactions are not considered "prohibited transactions" under the Internal Revenue Code and are not prohibited by ERISA.

### NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

### NOTE H - TAX STATUS

The Internal Revenue Service has determined and informed the plan sponsor by a letter dated March 1, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is

AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE I - RISKS AND UNCERTAINTIES

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

AVON RUBBER & PLASTICS, INC. EMPLOYEES RETIREMENT PLAN  
EMPLOYER IDENTIFICATION NUMBER 36-3366161, PLAN NUMBER 004  
FORM 5500, SCHEDULE H, ITEM 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
SEPTEMBER 30, 2019

| (a) | (b)                                                         | (c)                                                                                                    | (d)  | (e)                  |
|-----|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------|----------------------|
|     | Identity of Issuer,<br>Borrower, Lessor<br>or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity | Cost | Current<br>Value     |
|     | Prudential Retirement Insurance and Annuity Company         |                                                                                                        |      |                      |
| *   |                                                             | Guaranteed Income Fund                                                                                 | **   | \$ 5,246,601         |
| *   |                                                             | Dryden S & P 500 Index Fund                                                                            | **   | 1,523,623            |
| *   |                                                             | Small Cap Growth/TimesSquare                                                                           | **   | 1,901,795            |
| *   |                                                             | Mid Cap Growth/Artisan Partners                                                                        | **   | 2,022,046            |
| *   |                                                             | Core Bond Enhanced Index/PIM                                                                           | **   | 3,149,252            |
|     |                                                             | Prudential Day One IncomeFlex Target Balanced                                                          | **   | 6,076                |
|     | Prudential Mutual Funds                                     |                                                                                                        |      |                      |
| *   |                                                             | American Funds EuroPacific Growth R3                                                                   | **   | 1,891,036            |
| *   |                                                             | JP Morgan Core Plus Bond Select                                                                        | **   | 358,630              |
| *   |                                                             | JP Morgan Large Cap Growth A                                                                           | **   | 3,591,568            |
| *   |                                                             | PGIM High Yield R6                                                                                     | **   | 1,094,880            |
| *   |                                                             | MFS New Discovery Value R4                                                                             | **   | 1,365,786            |
| *   |                                                             | Virtus Ceredex Mid-Cap Value Equity I                                                                  | **   | 1,632,289            |
| *   |                                                             | Calamos International Growth I                                                                         | **   | 1,643,859            |
| *   |                                                             | Invesco Developing Markets Y                                                                           | **   | 2,193,561            |
| *   |                                                             | Invesco Diversified Dividend A                                                                         | **   | 2,830,891            |
| *   |                                                             | Lord Abbett Core Fixed Income A                                                                        | **   | 2,837                |
|     | Participant Loans                                           | Interest Rates Ranging from 4.25% to 6.50%                                                             | **   | 738,864              |
|     |                                                             |                                                                                                        |      | <u>\$ 31,193,594</u> |

\* A party in interest as defined by ERISA.

\*\* Cost omitted for participant directed investments.



**AVON RUBBER & PLASTICS, INC.**

**EMPLOYEES RETIREMENT PLAN**

**SEPTEMBER 30, 2019**



**Baird, Cotter & Bishop, P.C.**  
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AVON RUBBER & PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

SEPTEMBER 30, 2019

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June 29, 2020

## INDEPENDENT AUDITOR'S REPORT

To the Administrator of the  
Avon Rubber & Plastics, Inc.  
Employees Retirement Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Avon Rubber & Plastics, Inc. Employees Retirement Plan, which comprise the statements of net assets available for benefits as of September 30, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended September 30, 2019 and 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.

## **Other Matter**

The supplemental schedule of Schedule H, Item 4i – Schedule of Assets (Held at End of Year) as of or for the year ended September 30, 2019, 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 referred to above.

## **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 auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BAIRD, COTTER AND BISHOP, P.C.

*Baird, Cotter & Bishop, P.C.*

AVON RUBBER & PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30,

|                                                                            | <u>2019</u>                 | <u>2018</u>                 |
|----------------------------------------------------------------------------|-----------------------------|-----------------------------|
| <u>ASSETS</u>                                                              |                             |                             |
| Investments                                                                |                             |                             |
| Prudential Retirement Insurance and Annuity Company<br>(at Fair Value)     | \$ 8,602,792                | \$ 9,541,518                |
| Prudential Retirement Insurance and Annuity Company<br>(at Contract Value) | 5,246,601                   | 4,860,746                   |
| Prudential Mutual Funds (at Fair Value)                                    | 16,605,337                  | 14,211,491                  |
| Total Investments                                                          | <u>30,454,730</u>           | <u>28,613,755</u>           |
| Receivables                                                                |                             |                             |
| Employer Contributions                                                     | 5,748                       | 0                           |
| Notes Receivable from Participants                                         | 738,864                     | 724,595                     |
| Total Receivables                                                          | <u>744,612</u>              | <u>724,595</u>              |
| Total Assets                                                               | 31,199,342                  | 29,338,350                  |
| <u>LIABILITIES</u>                                                         | <u>0</u>                    | <u>0</u>                    |
| NET ASSETS AVAILABLE FOR BENEFITS                                          | <u><u>\$ 31,199,342</u></u> | <u><u>\$ 29,338,350</u></u> |

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

AVON RUBBER & PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED SEPTEMBER 30,

|                                                                | <u>2019</u>          | <u>2018</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| <u>ADDITIONS TO NET ASSETS</u>                                 |                      |                      |
| Contributions                                                  |                      |                      |
| Employer                                                       | \$ 627,611           | \$ 638,173           |
| Participants                                                   | 2,064,880            | 2,109,922            |
| Rollovers                                                      | 446,207              | 85,513               |
| Total Contributions                                            | <u>3,138,698</u>     | <u>2,833,608</u>     |
| Investment Income                                              |                      |                      |
| Interest                                                       | 95,720               | 88,769               |
| Dividends                                                      | 239,562              | 155,118              |
| Net Appreciation in Fair Value of Investments                  | 829,088              | 2,038,968            |
| Total Investment Income                                        | <u>1,164,370</u>     | <u>2,282,855</u>     |
| Interest Income on Notes Receivable from Participants          | <u>38,638</u>        | <u>34,148</u>        |
| Total Additions                                                | <u>4,341,706</u>     | <u>5,150,611</u>     |
| <u>DEDUCTIONS FROM NET ASSETS</u>                              |                      |                      |
| Benefit Payments to Participants                               | 2,421,305            | 3,339,483            |
| Administrative Expenses                                        | 59,409               | 60,261               |
| Assets Transferred to Other Plans                              | 0                    | 1,525,061            |
| Total Deductions                                               | <u>2,480,714</u>     | <u>4,924,805</u>     |
| Net Increase (Decrease) in Assets Available for Benefits       | 1,860,992            | 225,806              |
| <u>NET ASSETS AVAILABLE FOR BENEFITS</u> - Beginning of Period | <u>29,338,350</u>    | <u>29,112,544</u>    |
| <u>NET ASSETS AVAILABLE FOR BENEFITS</u> - End of Period       | <u>\$ 31,199,342</u> | <u>\$ 29,338,350</u> |

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

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

NOTE A - DESCRIPTION OF PLAN

The following description of the Avon Rubber and Plastics, Inc. Employees Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan covering all full-time employees of the Company who have completed ninety days of service and all part-time employees who have completed one year of service. The Plan was established in July of 1974 and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

2. Participant Contributions

Participants may contribute up to fifty percent of their compensation up to the annual IRS dollar limits. Participants direct the Company as to the allocation of their contributions to the various funds in the Plan.

3. Employer Contributions

Eligible full-time employees who have completed ninety days of service and eligible part-time employees who have completed one year of service and are at least age 18 will receive a match. The Company matches 50% on the first 6% of each participant's elective contribution amount but not more than 3% of each participant's compensation for a given plan year.

The Company may contribute an additional discretionary amount which shall be proportionately allocated among participants according to compensation level. There were no discretionary profit-sharing contributions for 2019 and 2018.

4. Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of the Company's contribution and plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to 50% of their vested account balance. The loans are secured by the vested balance in the participant's account and bear interest rates between 4.25% and 6.50%, which are commensurate with local prevailing rates. Principal and interest is paid ratable through bi-weekly payroll deductions.

6. Vesting

Participants are immediately vested in their voluntary contributions and employer contributions plus actual earnings thereon.

7. Payment of Benefits

On termination of service due to death, retirement or termination, the participant or the participant's beneficiary receives the value of the funds allocated to his account in the form of a lump sum payment or installments.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

8. Forfeited Accounts

There are no forfeitures due to 100% vesting of salary deferrals, rollover contributions, and company match.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting

The financial statements and schedules of the Plan are prepared on the accrual basis of accounting.

2. Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

3. Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract 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. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisors, trustees, and insurance company. See Note D for discussion of fair value measurements.

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

4. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of September 30, 2019 or 2018. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

5. Payment of Benefits

Benefits are recorded when paid.

6. Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

7. Subsequent Events

The Plan has evaluated subsequent events through June 29, 2020, the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

On January 30, 2020, the World Health Organization (“WHO”) announced a global health emergency stemming from a new strain of coronavirus that was spreading globally (the “COVID-19 outbreak”). On March 11, 2020, the WHO classified the COVID-19 outbreak as a pandemic, triggering volatility in financial markets and a significant negative impact on the global economy. As a result, the Plan’s investment portfolio has incurred a significant decline in fair value during the first quarter of 2020. However, because the values of the Plan’s individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, cannot be determined. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report.

NOTE C - CERTIFIED FINANCIAL DATA & INVESTMENTS

The following is a summary of the unaudited information regarding the Plan as of September 30, 2019 and 2018, and for the years then ended, included in the Plan’s financial statements and supplemental schedule, that was prepared by or derived from information prepared by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that such information is complete and accurate.

The information included in the Schedule of Assets (Held at End of Year) on page 11 was also prepared from information certified by the trustee.

|                                                     | September 30,<br>2019 | September 30,<br>2018 |
|-----------------------------------------------------|-----------------------|-----------------------|
| Investments, at Fair Value                          |                       |                       |
| Prudential Retirement Insurance and Annuity Company |                       |                       |
| Dryden S & P 500 Index Fund                         | \$ 1,523,623          | \$ 1,367,396          |
| Small Cap Growth/TimesSquare                        | 1,901,795             | 1,846,866             |
| Mid Cap Growth/Artisan Partners                     | 2,022,046             | 1,987,864             |
| Mid Cap Value/Wellington Management                 | 0                     | 1,589,020             |
| Core Bond Enhanced Index/PIM                        | 3,149,252             | 2,744,641             |
| Prudential Day One IncomeFlex Target Balanced Fund  | 6,076                 | 5,731                 |
| Prudential Mutual Funds                             |                       |                       |
| Neuberger Berman High Inc Bond Inv                  | 0                     | 1,028,116             |
| Allianz NFJ Small Cap Value Admin                   | 0                     | 1,296,947             |
| American Funds EuroPacific Growth R3                | 1,891,036             | 1,761,557             |
| JP Morgan Core Plus Bond Select                     | 358,630               | 295,380               |
| JP Morgan Large Cap Growth A                        | 3,591,568             | 3,504,038             |
| PGIM High Yield R6                                  | 1,094,880             | 0                     |
| MFS New Discovery Value R4                          | 1,365,786             | 0                     |
| Virtus Ceredex Mid-Cap Value Equity I               | 1,632,289             | 0                     |
| Calamos International Growth I                      | 1,643,859             | 1,587,664             |
| Invesco Developing Markets Y                        | 2,193,561             | 2,077,290             |

AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

|                                                       | September 30,<br>2019 | September 30,<br>2018 |
|-------------------------------------------------------|-----------------------|-----------------------|
| Investments, at Fair Value (continued)                |                       |                       |
| Prudential Mutual Funds                               |                       |                       |
| Invesco Diversified Dividend A                        | 2,830,891             | 2,658,626             |
| Lord Abbett Core Fixed Income A                       | 2,837                 | 1,873                 |
|                                                       | <u>25,208,129</u>     | <u>23,753,009</u>     |
| Investments, at Contract Value                        |                       |                       |
| Prudential Retirement Insurance and Annuity Company   |                       |                       |
| Guaranteed Income Fund                                | 5,246,601             | 4,860,746             |
|                                                       | <u>\$ 30,454,730</u>  | <u>\$ 28,613,755</u>  |
| Investment Income                                     |                       |                       |
| Interest                                              | \$ 95,720             | \$ 88,769             |
| Dividends                                             | 239,562               | 155,118               |
| Net Appreciation in Fair Value of Investments         | 829,088               | 2,038,968             |
| Interest Income on Notes Receivable from Participants | 38,638                | 34,148                |
| Administrative Expenses                               | 59,409                | 60,261                |

During the year ending September 30, 2019, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$829,088. Of this change, \$353,082 took place in the pooled separate accounts, \$432,115 took place in mutual funds, and the remaining \$43,891 was from other investment earnings.

NOTE D - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability'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. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

*Pooled Separate Accounts:* Prudential Retirement Insurance and Annuity Company (PRIAC) separate accounts are measured via units. When Prudential invests in an alliance fund, they buy shares, which have a stated value, to create a Separate Account. When an individual chooses one of their separate accounts for their retirement savings, they own units of the separate account. The value of the participant portion of PRIAC's Separate Account is the net unit value (NUV) multiplied by the number of units the participant owns. The value of the portion of the mutual fund owned by the Separate Account is determined by multiplying the net asset value (NAV) by the number of shares owned. The NUV includes dividends and capital gains that are automatically reinvested for the pooled market value separate account and deducts a small Prudential charge for administering the account. The daily changes in the pooled market value separate account's NUV represents the pooled market value separate account's performance.

*Mutual Funds:* Fair value of these assets are determined by the mutual funds' Net Asset Value (NAV). Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Accounting standard ASU 2015-07 eliminates categorizing investments by level when NAV is used. The Plan does not have any other investments reported at fair value that require the level disclosure.

Fair Value of investments that use NAV:

| September 30, 2019       | Fair Value    | Unfunded<br>Commitments | Redemption<br>Frequency (if<br>currently eligible) | Redemption<br>notice period |
|--------------------------|---------------|-------------------------|----------------------------------------------------|-----------------------------|
| Pooled Separate Accounts | \$ 8,602,792  | N/A                     | Daily                                              | None                        |
| Mutual Funds             | \$ 16,605,337 | N/A                     | Daily                                              | None                        |

  

| September 30, 2018       | Fair Value    | Unfunded<br>Commitments | Redemption<br>Frequency (if<br>currently eligible) | Redemption<br>notice period |
|--------------------------|---------------|-------------------------|----------------------------------------------------|-----------------------------|
| Pooled Separate Accounts | \$ 9,541,518  | N/A                     | Daily                                              | None                        |
| Mutual Funds             | \$ 14,211,491 | N/A                     | Daily                                              | None                        |

NOTE E - GROUP ANNUITY CONTRACT WITH EVERGREEN INSURANCE GROUP

During 2019 and 2018, the Plan held an interest in a traditional fully benefit-responsive guaranteed investment contract with Evergreen Insurance Group totaling \$5,246,601 for September 30, 2019 and \$4,860,746 for September 30, 2018. Prudential Retirement Insurance and Annuity Company maintains the contributions in a

# AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

general account, Guaranteed Income Fund. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer and is reviewed on an annual basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Prudential Retirement Insurance and Annuity Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Generally, there are not any events that could limit the ability of the plan to transact at contract value paid within 90 days or contract value paid overtime.

In addition, there are not any events that allow the issuer to terminate the contract and which require the plan sponsor to settle at an amount different than contract value paid either within 90 days or over time.

### NOTE F - RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, manages certain Plan investments. Therefore, these transactions qualify as party in interest transactions and are denoted as such on the supplemental Schedule of Assets (Held at End of Year).

The Plan engaged in transactions involving Prudential Retirement Insurance and Annuity Company, the Plan's administrator and trustee; Baird, Cotter and Bishop, P.C., the Plan auditor; and Avon Rubber & Plastics, Inc., the Plan sponsor, which are party in interest with respect to the Plan. These transactions are not considered "prohibited transactions" under the Internal Revenue Code and are not prohibited by ERISA.

### NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

### NOTE H - TAX STATUS

The Internal Revenue Service has determined and informed the plan sponsor by a letter dated March 1, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is

AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE I - RISKS AND UNCERTAINTIES

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

AVON RUBBER & PLASTICS, INC. EMPLOYEES RETIREMENT PLAN  
EMPLOYER IDENTIFICATION NUMBER 36-3366161, PLAN NUMBER 004  
FORM 5500, SCHEDULE H, ITEM 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
SEPTEMBER 30, 2019

| (a) | (b)                                                         | (c)                                                                                                    | (d)  | (e)                  |
|-----|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------|----------------------|
|     | Identity of Issuer,<br>Borrower, Lessor<br>or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity | Cost | Current<br>Value     |
|     | Prudential Retirement Insurance and Annuity Company         |                                                                                                        |      |                      |
| *   |                                                             | Guaranteed Income Fund                                                                                 | **   | \$ 5,246,601         |
| *   |                                                             | Dryden S & P 500 Index Fund                                                                            | **   | 1,523,623            |
| *   |                                                             | Small Cap Growth/TimesSquare                                                                           | **   | 1,901,795            |
| *   |                                                             | Mid Cap Growth/Artisan Partners                                                                        | **   | 2,022,046            |
| *   |                                                             | Core Bond Enhanced Index/PIM                                                                           | **   | 3,149,252            |
|     |                                                             | Prudential Day One IncomeFlex Target Balanced                                                          | **   | 6,076                |
|     | Prudential Mutual Funds                                     |                                                                                                        |      |                      |
| *   |                                                             | American Funds EuroPacific Growth R3                                                                   | **   | 1,891,036            |
| *   |                                                             | JP Morgan Core Plus Bond Select                                                                        | **   | 358,630              |
| *   |                                                             | JP Morgan Large Cap Growth A                                                                           | **   | 3,591,568            |
| *   |                                                             | PGIM High Yield R6                                                                                     | **   | 1,094,880            |
| *   |                                                             | MFS New Discovery Value R4                                                                             | **   | 1,365,786            |
| *   |                                                             | Virtus Ceredex Mid-Cap Value Equity I                                                                  | **   | 1,632,289            |
| *   |                                                             | Calamos International Growth I                                                                         | **   | 1,643,859            |
| *   |                                                             | Invesco Developing Markets Y                                                                           | **   | 2,193,561            |
| *   |                                                             | Invesco Diversified Dividend A                                                                         | **   | 2,830,891            |
| *   |                                                             | Lord Abbett Core Fixed Income A                                                                        | **   | 2,837                |
|     | Participant Loans                                           | Interest Rates Ranging from 4.25% to 6.50%                                                             | **   | 738,864              |
|     |                                                             |                                                                                                        |      | <u>\$ 31,193,594</u> |

\* A party in interest as defined by ERISA.

\*\* Cost omitted for participant directed investments.



**AVON RUBBER & PLASTICS, INC.**

**EMPLOYEES RETIREMENT PLAN**

**SEPTEMBER 30, 2019**



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SEPTEMBER 30, 2019

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# Baird, Cotter & Bishop, P.C.

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CERTIFIED PUBLIC ACCOUNTANTS

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June 29, 2020

## INDEPENDENT AUDITOR'S REPORT

To the Administrator of the  
Avon Rubber & Plastics, Inc.  
Employees Retirement Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Avon Rubber & Plastics, Inc. Employees Retirement Plan, which comprise the statements of net assets available for benefits as of September 30, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended September 30, 2019 and 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.

## **Other Matter**

The supplemental schedule of Schedule H, Item 4i – Schedule of Assets (Held at End of Year) as of or for the year ended September 30, 2019, 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 referred to above.

## **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 auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BAIRD, COTTER AND BISHOP, P.C.

*Baird, Cotter & Bishop, P.C.*

AVON RUBBER & PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30,

|                                                                            | <u>2019</u>                 | <u>2018</u>                 |
|----------------------------------------------------------------------------|-----------------------------|-----------------------------|
| <u>ASSETS</u>                                                              |                             |                             |
| Investments                                                                |                             |                             |
| Prudential Retirement Insurance and Annuity Company<br>(at Fair Value)     | \$ 8,602,792                | \$ 9,541,518                |
| Prudential Retirement Insurance and Annuity Company<br>(at Contract Value) | 5,246,601                   | 4,860,746                   |
| Prudential Mutual Funds (at Fair Value)                                    | 16,605,337                  | 14,211,491                  |
| Total Investments                                                          | <u>30,454,730</u>           | <u>28,613,755</u>           |
| Receivables                                                                |                             |                             |
| Employer Contributions                                                     | 5,748                       | 0                           |
| Notes Receivable from Participants                                         | 738,864                     | 724,595                     |
| Total Receivables                                                          | <u>744,612</u>              | <u>724,595</u>              |
| Total Assets                                                               | 31,199,342                  | 29,338,350                  |
| <u>LIABILITIES</u>                                                         | <u>0</u>                    | <u>0</u>                    |
| NET ASSETS AVAILABLE FOR BENEFITS                                          | <u><u>\$ 31,199,342</u></u> | <u><u>\$ 29,338,350</u></u> |

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

AVON RUBBER & PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED SEPTEMBER 30,

|                                                                | <u>2019</u>          | <u>2018</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| <u>ADDITIONS TO NET ASSETS</u>                                 |                      |                      |
| Contributions                                                  |                      |                      |
| Employer                                                       | \$ 627,611           | \$ 638,173           |
| Participants                                                   | 2,064,880            | 2,109,922            |
| Rollovers                                                      | 446,207              | 85,513               |
| Total Contributions                                            | <u>3,138,698</u>     | <u>2,833,608</u>     |
| Investment Income                                              |                      |                      |
| Interest                                                       | 95,720               | 88,769               |
| Dividends                                                      | 239,562              | 155,118              |
| Net Appreciation in Fair Value of Investments                  | 829,088              | 2,038,968            |
| Total Investment Income                                        | <u>1,164,370</u>     | <u>2,282,855</u>     |
| Interest Income on Notes Receivable from Participants          | <u>38,638</u>        | <u>34,148</u>        |
| Total Additions                                                | <u>4,341,706</u>     | <u>5,150,611</u>     |
| <u>DEDUCTIONS FROM NET ASSETS</u>                              |                      |                      |
| Benefit Payments to Participants                               | 2,421,305            | 3,339,483            |
| Administrative Expenses                                        | 59,409               | 60,261               |
| Assets Transferred to Other Plans                              | 0                    | 1,525,061            |
| Total Deductions                                               | <u>2,480,714</u>     | <u>4,924,805</u>     |
| Net Increase (Decrease) in Assets Available for Benefits       | 1,860,992            | 225,806              |
| <u>NET ASSETS AVAILABLE FOR BENEFITS</u> - Beginning of Period | <u>29,338,350</u>    | <u>29,112,544</u>    |
| <u>NET ASSETS AVAILABLE FOR BENEFITS</u> - End of Period       | <u>\$ 31,199,342</u> | <u>\$ 29,338,350</u> |

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

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

NOTE A - DESCRIPTION OF PLAN

The following description of the Avon Rubber and Plastics, Inc. Employees Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan covering all full-time employees of the Company who have completed ninety days of service and all part-time employees who have completed one year of service. The Plan was established in July of 1974 and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

2. Participant Contributions

Participants may contribute up to fifty percent of their compensation up to the annual IRS dollar limits. Participants direct the Company as to the allocation of their contributions to the various funds in the Plan.

3. Employer Contributions

Eligible full-time employees who have completed ninety days of service and eligible part-time employees who have completed one year of service and are at least age 18 will receive a match. The Company matches 50% on the first 6% of each participant's elective contribution amount but not more than 3% of each participant's compensation for a given plan year.

The Company may contribute an additional discretionary amount which shall be proportionately allocated among participants according to compensation level. There were no discretionary profit-sharing contributions for 2019 and 2018.

4. Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of the Company's contribution and plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to 50% of their vested account balance. The loans are secured by the vested balance in the participant's account and bear interest rates between 4.25% and 6.50%, which are commensurate with local prevailing rates. Principal and interest is paid ratable through bi-weekly payroll deductions.

6. Vesting

Participants are immediately vested in their voluntary contributions and employer contributions plus actual earnings thereon.

7. Payment of Benefits

On termination of service due to death, retirement or termination, the participant or the participant's beneficiary receives the value of the funds allocated to his account in the form of a lump sum payment or installments.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

8. Forfeited Accounts

There are no forfeitures due to 100% vesting of salary deferrals, rollover contributions, and company match.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting

The financial statements and schedules of the Plan are prepared on the accrual basis of accounting.

2. Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

3. Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract 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. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisors, trustees, and insurance company. See Note D for discussion of fair value measurements.

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

4. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of September 30, 2019 or 2018. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

5. Payment of Benefits

Benefits are recorded when paid.

6. Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

7. Subsequent Events

The Plan has evaluated subsequent events through June 29, 2020, the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

On January 30, 2020, the World Health Organization (“WHO”) announced a global health emergency stemming from a new strain of coronavirus that was spreading globally (the “COVID-19 outbreak”). On March 11, 2020, the WHO classified the COVID-19 outbreak as a pandemic, triggering volatility in financial markets and a significant negative impact on the global economy. As a result, the Plan’s investment portfolio has incurred a significant decline in fair value during the first quarter of 2020. However, because the values of the Plan’s individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, cannot be determined. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report.

NOTE C - CERTIFIED FINANCIAL DATA & INVESTMENTS

The following is a summary of the unaudited information regarding the Plan as of September 30, 2019 and 2018, and for the years then ended, included in the Plan’s financial statements and supplemental schedule, that was prepared by or derived from information prepared by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that such information is complete and accurate.

The information included in the Schedule of Assets (Held at End of Year) on page 11 was also prepared from information certified by the trustee.

|                                                     | September 30,<br>2019 | September 30,<br>2018 |
|-----------------------------------------------------|-----------------------|-----------------------|
| Investments, at Fair Value                          |                       |                       |
| Prudential Retirement Insurance and Annuity Company |                       |                       |
| Dryden S & P 500 Index Fund                         | \$ 1,523,623          | \$ 1,367,396          |
| Small Cap Growth/TimesSquare                        | 1,901,795             | 1,846,866             |
| Mid Cap Growth/Artisan Partners                     | 2,022,046             | 1,987,864             |
| Mid Cap Value/Wellington Management                 | 0                     | 1,589,020             |
| Core Bond Enhanced Index/PIM                        | 3,149,252             | 2,744,641             |
| Prudential Day One IncomeFlex Target Balanced Fund  | 6,076                 | 5,731                 |
| Prudential Mutual Funds                             |                       |                       |
| Neuberger Berman High Inc Bond Inv                  | 0                     | 1,028,116             |
| Allianz NFJ Small Cap Value Admin                   | 0                     | 1,296,947             |
| American Funds EuroPacific Growth R3                | 1,891,036             | 1,761,557             |
| JP Morgan Core Plus Bond Select                     | 358,630               | 295,380               |
| JP Morgan Large Cap Growth A                        | 3,591,568             | 3,504,038             |
| PGIM High Yield R6                                  | 1,094,880             | 0                     |
| MFS New Discovery Value R4                          | 1,365,786             | 0                     |
| Virtus Ceredex Mid-Cap Value Equity I               | 1,632,289             | 0                     |
| Calamos International Growth I                      | 1,643,859             | 1,587,664             |
| Invesco Developing Markets Y                        | 2,193,561             | 2,077,290             |

AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

|                                                       | September 30,<br>2019 | September 30,<br>2018 |
|-------------------------------------------------------|-----------------------|-----------------------|
| Investments, at Fair Value (continued)                |                       |                       |
| Prudential Mutual Funds                               |                       |                       |
| Invesco Diversified Dividend A                        | 2,830,891             | 2,658,626             |
| Lord Abbett Core Fixed Income A                       | 2,837                 | 1,873                 |
|                                                       | <u>25,208,129</u>     | <u>23,753,009</u>     |
| Investments, at Contract Value                        |                       |                       |
| Prudential Retirement Insurance and Annuity Company   |                       |                       |
| Guaranteed Income Fund                                | 5,246,601             | 4,860,746             |
|                                                       | <u>\$ 30,454,730</u>  | <u>\$ 28,613,755</u>  |
| Investment Income                                     |                       |                       |
| Interest                                              | \$ 95,720             | \$ 88,769             |
| Dividends                                             | 239,562               | 155,118               |
| Net Appreciation in Fair Value of Investments         | 829,088               | 2,038,968             |
| Interest Income on Notes Receivable from Participants | 38,638                | 34,148                |
| Administrative Expenses                               | 59,409                | 60,261                |

During the year ending September 30, 2019, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$829,088. Of this change, \$353,082 took place in the pooled separate accounts, \$432,115 took place in mutual funds, and the remaining \$43,891 was from other investment earnings.

NOTE D - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1    Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2    Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability'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. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

*Pooled Separate Accounts:* Prudential Retirement Insurance and Annuity Company (PRIAC) separate accounts are measured via units. When Prudential invests in an alliance fund, they buy shares, which have a stated value, to create a Separate Account. When an individual chooses one of their separate accounts for their retirement savings, they own units of the separate account. The value of the participant portion of PRIAC's Separate Account is the net unit value (NUV) multiplied by the number of units the participant owns. The value of the portion of the mutual fund owned by the Separate Account is determined by multiplying the net asset value (NAV) by the number of shares owned. The NUV includes dividends and capital gains that are automatically reinvested for the pooled market value separate account and deducts a small Prudential charge for administering the account. The daily changes in the pooled market value separate account's NUV represents the pooled market value separate account's performance.

*Mutual Funds:* Fair value of these assets are determined by the mutual funds' Net Asset Value (NAV). Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Accounting standard ASU 2015-07 eliminates categorizing investments by level when NAV is used. The Plan does not have any other investments reported at fair value that require the level disclosure.

Fair Value of investments that use NAV:

| September 30, 2019       | Fair Value    | Unfunded<br>Commitments | Redemption<br>Frequency (if<br>currently eligible) | Redemption<br>notice period |
|--------------------------|---------------|-------------------------|----------------------------------------------------|-----------------------------|
| Pooled Separate Accounts | \$ 8,602,792  | N/A                     | Daily                                              | None                        |
| Mutual Funds             | \$ 16,605,337 | N/A                     | Daily                                              | None                        |

  

| September 30, 2018       | Fair Value    | Unfunded<br>Commitments | Redemption<br>Frequency (if<br>currently eligible) | Redemption<br>notice period |
|--------------------------|---------------|-------------------------|----------------------------------------------------|-----------------------------|
| Pooled Separate Accounts | \$ 9,541,518  | N/A                     | Daily                                              | None                        |
| Mutual Funds             | \$ 14,211,491 | N/A                     | Daily                                              | None                        |

NOTE E - GROUP ANNUITY CONTRACT WITH EVERGREEN INSURANCE GROUP

During 2019 and 2018, the Plan held an interest in a traditional fully benefit-responsive guaranteed investment contract with Evergreen Insurance Group totaling \$5,246,601 for September 30, 2019 and \$4,860,746 for September 30, 2018. Prudential Retirement Insurance and Annuity Company maintains the contributions in a

AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

general account, Guaranteed Income Fund. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer and is reviewed on an annual basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Prudential Retirement Insurance and Annuity Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Generally, there are not any events that could limit the ability of the plan to transact at contract value paid within 90 days or contract value paid overtime.

In addition, there are not any events that allow the issuer to terminate the contract and which require the plan sponsor to settle at an amount different than contract value paid either within 90 days or over time.

NOTE F - RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Prudential Retirement Insurance and Annuity Company, the trustee of the Plan, manages certain Plan investments. Therefore, these transactions qualify as party in interest transactions and are denoted as such on the supplemental Schedule of Assets (Held at End of Year).

The Plan engaged in transactions involving Prudential Retirement Insurance and Annuity Company, the Plan's administrator and trustee; Baird, Cotter and Bishop, P.C., the Plan auditor; and Avon Rubber & Plastics, Inc., the Plan sponsor, which are party in interest with respect to the Plan. These transactions are not considered "prohibited transactions" under the Internal Revenue Code and are not prohibited by ERISA.

NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE H - TAX STATUS

The Internal Revenue Service has determined and informed the plan sponsor by a letter dated March 1, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is

AVON RUBBER AND PLASTICS, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2019

currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE I - RISKS AND UNCERTAINTIES

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

AVON RUBBER & PLASTICS, INC. EMPLOYEES RETIREMENT PLAN  
EMPLOYER IDENTIFICATION NUMBER 36-3366161, PLAN NUMBER 004  
FORM 5500, SCHEDULE H, ITEM 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
SEPTEMBER 30, 2019

| (a) | (b)                                                         | (c)                                                                                                    | (d)  | (e)                  |
|-----|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------|----------------------|
|     | Identity of Issuer,<br>Borrower, Lessor<br>or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity | Cost | Current<br>Value     |
|     | Prudential Retirement Insurance and Annuity Company         |                                                                                                        |      |                      |
| *   |                                                             | Guaranteed Income Fund                                                                                 | **   | \$ 5,246,601         |
| *   |                                                             | Dryden S & P 500 Index Fund                                                                            | **   | 1,523,623            |
| *   |                                                             | Small Cap Growth/TimesSquare                                                                           | **   | 1,901,795            |
| *   |                                                             | Mid Cap Growth/Artisan Partners                                                                        | **   | 2,022,046            |
| *   |                                                             | Core Bond Enhanced Index/PIM                                                                           | **   | 3,149,252            |
|     |                                                             | Prudential Day One IncomeFlex Target Balanced                                                          | **   | 6,076                |
|     | Prudential Mutual Funds                                     |                                                                                                        |      |                      |
| *   |                                                             | American Funds EuroPacific Growth R3                                                                   | **   | 1,891,036            |
| *   |                                                             | JP Morgan Core Plus Bond Select                                                                        | **   | 358,630              |
| *   |                                                             | JP Morgan Large Cap Growth A                                                                           | **   | 3,591,568            |
| *   |                                                             | PGIM High Yield R6                                                                                     | **   | 1,094,880            |
| *   |                                                             | MFS New Discovery Value R4                                                                             | **   | 1,365,786            |
| *   |                                                             | Virtus Ceredex Mid-Cap Value Equity I                                                                  | **   | 1,632,289            |
| *   |                                                             | Calamos International Growth I                                                                         | **   | 1,643,859            |
| *   |                                                             | Invesco Developing Markets Y                                                                           | **   | 2,193,561            |
| *   |                                                             | Invesco Diversified Dividend A                                                                         | **   | 2,830,891            |
| *   |                                                             | Lord Abbett Core Fixed Income A                                                                        | **   | 2,837                |
|     | Participant Loans                                           | Interest Rates Ranging from 4.25% to 6.50%                                                             | **   | 738,864              |
|     |                                                             |                                                                                                        |      | <u>\$ 31,193,594</u> |

\* A party in interest as defined by ERISA.

\*\* Cost omitted for participant directed investments.

