

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>10/01/2018</u> and ending <u>09/30/2019</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a Name of plan KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KOROSEAL INTERIOR PRODUCTS, LLC 3875 EMBASSY PARKWAY, SUITE 110 FAIRLAWN, OH 44333-8344	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>10/01/1988</u> 2b Employer Identification Number (EIN) <u>46-4864607</u> 2c Plan Sponsor's telephone number <u>330-668-7600</u> 2d Business code (see instructions) <u>326100</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2020	JENNIFER AUBLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 724
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 141
a(2) Total number of active participants at the end of the plan year	6a(2) 131
b Retired or separated participants receiving benefits.....	6b 207
c Other retired or separated participants entitled to future benefits	6c 348
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 686
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 34
f Total. Add lines 6d and 6e	6f 720
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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

A Name of plan <u>KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KOROSEAL INTERIOR PRODUCTS, LLC</u>	D Employer Identification Number (EIN) <u>46-4864607</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information

1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	<u>28488289</u>	
b Actuarial value	2b	<u>28034612</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>241</u>	<u>17435144</u>	<u>17435144</u>
b For terminated vested participants	<u>348</u>	<u>10756742</u>	<u>10756742</u>
c For active participants	<u>131</u>	<u>3926930</u>	<u>4202329</u>
d Total	<u>720</u>	<u>32118816</u>	<u>32394215</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.69 %</u>	
6 Target normal cost	6	<u>475850</u>	

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

SIGN HERE		<u>07/13/2020</u>
Signature of actuary		Date
<u>SETH H. PITASKY, EA,MAAA,MSPA</u>		<u>20-07321</u>
Type or print name of actuary		Most recent enrollment number
<u>CBIZ RETIRMENT PLAN SERVICES INC</u>		<u>216-520-6174</u>
Firm name		Telephone number (including area code)
<u>6050 OAK TREE BLVD S, SUITE 500 CLEVELAND, OH 44131</u>		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	521091
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		521091
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>7.73</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.88</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	86.54%
15 Adjusted funding target attainment percentage	15	86.54%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.98%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2019	222525	0			
04/29/2019	222525	0			
07/17/2019	222525	0			
10/15/2019	222525	0			
06/15/2020	143816	0			
07/13/2020	1000	0			
Totals ▶			18(b)	1034916	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	989067

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	475850	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	4359603		513150
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	989000	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	989000	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	989067	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	67	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 KOROSEAL INTERIOR PRODUCTS, LLC	D Employer Identification Number (EIN) 46-4864607

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

RAYMOND JAMES

880 CARILLON PARKWAY
ST PETERSBURG, FL 33716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	N/A	40000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ RETIREMENT PLAN SERVICES

34-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	N/A	32425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEY TRUST COMPANY OF OHIO

34-1784820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	N/A	20262	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BOBER, MARKEY, FEDOROVICH & COMPANY

34-1523030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	N/A	11600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019		
A Name of plan KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 KOROSEAL INTERIOR PRODUCTS, LLC	D Employer Identification Number (EIN) 46-4864607	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	344836	367341
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	190697	317861
(2) U.S. Government securities	1c(2)	243	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	27980175	27433597
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	28515951	28118799

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	26008	32385
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	26008	32385

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	28489943	28086414
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1034916	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1034916
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4375	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	41637	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		46012
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	384	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1062087	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1062471
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-339347	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-339347

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1804052

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1670357	
(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)		1670357
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)	46025	
(2) Contract administrator fees.....	2i(2)	20262	
(3) Investment advisory and management fees.....	2i(3)	40000	
(4) Other	2i(4)	430937	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		537224
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2207581

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-403529
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: BOBER, MARKEY, FEDOROVICH & COMPANY

(2) EIN: 34-1523030

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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 4209949. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

A Name of plan <u>KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KOROSEAL INTERIOR PRODUCTS, LLC</u>	D Employer Identification Number (EIN) <u>46-4864607</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-1972450</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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):

KOROSEAL INTERIOR PRODUCTS
RETIREMENT INCOME PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

September 30, 2019 and 2018

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
ANNUAL REPORT INDEX

The following financial statements of the Koroseal Interior Products Retirement Income Plan are included herewith:

- Statements of Net Assets Available for Benefits as of September 30, 2019 and 2018
- Statements of Changes in Net Assets Available for Benefits for the years ended September 30, 2019 and 2018
- Notes to Financial Statements

The following supplemental schedules of the Koroseal Interior Products Retirement Income Plan are included in the Annual Report of the Plan on Form 5500 filed with the Department of Labor as of September 30, 2019:

- Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
- Schedule H, Line 4j – Schedule of Reportable Transactions

All other supplemental schedules and notes for which provision is made in the applicable rules and regulations of the Department of Labor Regulations are not required under the related instructions or are inapplicable and, therefore, have been omitted.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN

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INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants of
Koroseal Interior Products Retirement Income Plan
Fairlawn, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Koroseal Interior Products Retirement Income Plan (the "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.

Auditors' 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by KeyBank National Association, 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 certifications 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

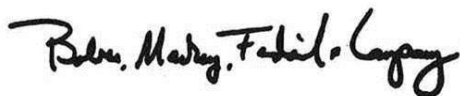
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of September 30, 2019 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended September 30, 2019, are required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules 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 schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA.



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

July 15, 2020

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Investments, at fair value	\$ 27,751,458	\$ 28,171,115
Employer contribution receivable	367,341	344,836
TOTAL ASSETS	<u>28,118,799</u>	<u>28,515,951</u>
LIABILITIES		
Accrued fees and expenses	<u>32,385</u>	<u>26,008</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 28,086,414</u>	<u>\$ 28,489,943</u>

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

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended September 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ADDITIONS:		
Employer contributions	\$ 1,034,916	\$ 1,023,987
Dividends and interest	1,108,483	1,018,225
TOTAL ADDITIONS	<u>2,143,399</u>	<u>2,042,212</u>
DEDUCTIONS:		
Benefit payments to participants	1,670,357	1,549,887
Administrative fees and expenses	537,224	562,321
TOTAL DEDUCTIONS	<u>2,207,581</u>	<u>2,112,208</u>
NET (DEPRECIATION) APPRECIATION IN FAIR VALUE OF INVESTMENTS	(339,347)	1,159,716
NET (DECREASE) INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(403,529)	1,089,720
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	<u>28,489,943</u>	<u>27,400,223</u>
END OF YEAR	<u><u>\$ 28,086,414</u></u>	<u><u>\$ 28,489,943</u></u>

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

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2019 and 2018

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Koroseal Interior Products Retirement Income Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit, noncontributory pension plan originally established by Koroseal Interior Products, LLC (the "Company") effective October 1, 1988, for the employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective June 1, 2009, the Plan was frozen and participants no longer accrue benefits under the Plan after May 31, 2009.

Contributions

It is the Company's intention to make annual contributions to the Plan in an amount that at least meets the minimum funding provisions of ERISA. Minimum required contributions of approximately \$989,000 and \$1,509,400 were required for the Plan years ended September 30, 2019 and 2018, respectively, and were met by the Company.

Payment of Benefits

The Plan provides for normal retirement benefits at age 65, early retirement benefits at age 62, surviving spouse death benefits, and disability benefits, as defined in the Plan.

Plan Costs

All legal, actuarial and other administrative expenses, including Pension Benefit Guaranty Corporation ("PBGC") premiums, are paid by the Company or from the Plan assets, as directed by the Company.

Plan Termination

The Company has the right under the Plan, in certain circumstances, to discontinue their contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations there under, and the Plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2019 and 2018

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Information about the Plan, including present and future benefits, vesting and PBGC benefit guarantee provisions is contained in a summary document available from the Company.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America. The accounting records of the Plan are on an accrual basis.

Valuation of Investments

The Plan's investments are held by KeyBank National Association ("Trustee") as of and for the years ended September 30, 2019 and 2018. The investments are valued at fair value in accordance with the Fair Value Measurements Topic of the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC").

Investment income consists of interest and dividend income. The net appreciation in the fair value of investments consists of realized gains or losses and the unrealized appreciation on those investments. Dividend income is accrued on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported based on historical cost.

Fair Value Measurements

Fair value estimates are made at a specific point in time based on relevant market information about the financial instrument. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could significantly affect the estimates.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the participants to the valuation date (beginning of the plan year). Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent they are deemed attributable to participant service rendered to the valuation date (beginning of the year).

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2019 and 2018

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of the financial statements and footnote disclosures requires management to make estimates and assumptions that affect the reported amount of assets and liabilities at the date of the financial statements and the reported amount of additions and deductions to net assets available for benefits during the period. Although management believes such estimates and assumptions are reasonable, actual results could differ from those estimates.

Subsequent Events

The Plan has evaluated subsequent events through July 15, 2020, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, all investment information applicable at the Plan level is certified complete and accurate or derived from information certified complete and accurate by the Trustee as of and for the years ended September 30, 2019 and 2018. As of September 30, 2019, the fair value of the investments and cash held was \$27,751,458 with related net (depreciation) appreciation of (\$339,347) and dividends and interest of \$1,108,483 for the year then ended. As of September 30, 2018, the fair value of investments was \$28,171,115 with related net appreciation of \$1,159,716 and dividends and interest of \$1,018,225 for the year then ended.

NOTE 4 - FAIR VALUE MEASUREMENTS

Fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, the Plan uses a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

- Level 1 – Observable inputs such as quoted prices in active markets;
- Level 2 – Inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3 – Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2019 and 2018

Assets measured at fair value on a recurring basis as of September 30, 2019 and 2018 are as follows:

- Fixed income securities: Valued based on prices for similar securities. Securities are traded on an active market but are not traded on a daily basis.
- Mutual funds: Valued at the closing price reported on the active market.
- Money market funds: Valued at the net asset value of shares held by the Plan at year end.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of September 30:

2019				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 27,433,597	\$ -	\$ -	\$ 27,433,597
Money market funds	-	317,861	-	317,861
Total investments at fair value	<u>27,433,597</u>	<u>317,861</u>	<u>-</u>	<u>27,751,458</u>

2018				
	Level 1	Level 2	Level 3	Total
Fixed income securities	\$ -	\$ 243	\$ -	\$ 243
Mutual funds	27,980,175	-	-	27,980,175
Money market funds	-	190,697	-	190,697
Total investments at fair value	<u>27,980,175</u>	<u>190,940</u>	<u>-</u>	<u>28,171,115</u>

NOTE 5 - ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits were estimated by the Plan's actuary, CBIZ Retirement Plan Services, based on personnel information provided by the Company. The actuary estimates the actuarial present value of accumulated plan benefits which is to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment such as for death, disability, withdrawal or retirement between the valuation date and the expected dates of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2019 and 2018

The actuarial present value of accumulated plan benefits as of October 1, 2018 and 2017 is as follows (rounded to the nearest hundred):

	October 1,	
	2018	2017
Vested benefits		
Participants currently receiving payments	\$ 16,085,500	\$ 15,654,500
Other participants	13,376,500	13,395,200
Total vested benefits	29,462,000	29,049,700
Nonvested benefits	260,400	282,600
Total actuarial present value of accumulated plan benefits	<u>\$ 29,722,400</u>	<u>\$ 29,332,300</u>

The changes in the actuarial present value of accumulated plan benefits from the previous benefit information date were as follows (rounded to the nearest hundred):

	For the Year Ended October 1, 2018	For the Year Ended October 1, 2017
Actuarial present value of accumulated plan benefits - beginning of year	\$ 29,332,300	\$ 29,361,300
Increase (decrease) during the year attributable to:		
Actuarial assumption changes	-	(176,800)
Actuarial gains and losses, net	83,700	(283,600)
Change in the discount period (interest cost)	1,856,200	1,862,000
Benefits paid	(1,549,900)	(1,430,600)
Actuarial present value of accumulated plan benefits - end of year	<u>\$ 29,722,300</u>	<u>\$ 29,332,300</u>

The actuarial cost method used by the actuary to determine the liabilities for minimum funding calculations is the Traditional Unit Credit method. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants. There is no normal cost attributable to benefit accruals under this method as the Plan is frozen.

The actuarial cost method used to determine the liabilities for maximum deductible calculations is the Projected Unit Credit method. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for all participants (both defined within the actuarial valuation report).

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2019 and 2018

Valuation interest rates applied to the Plan by the actuary consisted of three segment rates, or interest rates, that apply to benefits paid during three time periods:

- Segment I: Payments expected to be due within five years
- Segment II: Payments expected to be due within five to twenty years
- Segment III: Payments expected to be due after twenty years

Significant assumptions underlying the actuarial computations are as follows:

Assumption	October 1, 2018		October 1, 2017	
	24-Month Segment Rates (A)		24-Month Segment Rates (A)	
	Limited to 25-		Limited to 25-	
Valuation Interest Rates	Unadjusted	Year Rate	Unadjusted	Year Rate
Segment I	2.07%	3.92%	1.71%	4.16%
Segment II	3.70%	5.52%	3.83%	5.72%
Segment III	4.43%	6.29%	4.75%	6.48%

Mortality and Disability

The mortality and disability assumptions were updated in 2018 for the most recent IRS prescribed mortality with separate annuitant and non-annuitant rates, for males and females, which was the RP-2014 Employee and Healthy Annuitant Mortality Tables, with Generational Projection Scale MP-2018, for males and females. The mortality and disability assumption for 2017 used the RP-2014 Employee and Healthy Annuitant Mortality Tables, with Generational Projection Scale MP-2017 for males and females.

Discount Rates

The discount rate used to determine present value of accumulated plan benefits was 6.50% in 2018 and 2017.

Retirement Age

In 2018 and 2017, active participants were assumed to be retire at the following rates:

Age	Rates
62	5%
63	2%
64	2%
65-70	100%

Additional assumptions used in the actuarial computations include inflation, marital withdrawal and disability rate assumptions. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2019 and 2018

NOTE 6 - TAX STATUS

The IRS has determined and informed the Plan by a letter dated June 22, 2012, that the Plan is qualified in accordance with the applicable regulations of the Internal Revenue Code ("IRC"), and the trust established with the Plan constitutes a qualified trust and is exempt from federal income taxes.

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 taxing authorities. The Company has analyzed the tax positions taken by the Plan, and has concluded that as of and for the years ended September 30, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

NOTE 7 - PARTY-IN-INTEREST

Party-in-interest transactions include purchases and sales of investments through the Plan's Trustee and the payment of services and expenses.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER NO. 46-4864607
PLAN NO. 002
September 30, 2019

(a)	(b)	(c)	(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value
Identify of issue, borrower, lessor or similar party				
FEDERATED GOVERNMENT OBLIGATIONS		Money Market Fund	\$ 317,599	\$ 317,861
DODGE & COX INCOME FD		Mutual Fund	2,827,296	2,881,753
AMERICAN EUROPACIFIC GROWTH FUND		Mutual Fund	1,152,547	1,066,659
ISHARES CORE S&P 500 ETF		Mutual Fund	1,860,637	2,083,073
ISHARES CORE US AGGREGATE BOND ETF		Mutual Fund	1,326,426	1,375,129
ISHARES MSCI EAFE INDEX FUND		Mutual Fund	1,058,310	987,866
ISHARES RUSSELL MIDCAP INDEX FD		Mutual Fund	2,125,603	2,301,503
ISHARES RUSSELL 2000 INDEX FUND		Mutual Fund	1,325,428	1,316,961
JPMORGAN US EQUITY FUND		Mutual Fund	2,566,362	2,436,452
TEMPLETON GLOBAL BOND FUND		Mutual Fund	890,843	789,986
INVESCO OPPENHEIMER DEV MRKTS FD		Mutual Fund	1,071,776	1,074,895
VICTORY TRIVALENT INTL SMALL-CAP FUND		Mutual Fund	1,109,168	1,014,558
PRINCIPAL GLOBAL REAL ESTATE SECURITIES		Mutual Fund	876,180	953,204
LSV VALUE EQUITY FUND		Mutual Fund	2,676,728	2,347,614
WESTERN ASSET TOT RET UNCONSTRAINED FD		Mutual Fund	1,422,798	1,377,288
T ROWE PRICE BLUE CHIP GROWTH FUND		Mutual Fund	1,952,789	2,275,407
PRINCIPAL GLOBAL INV FD PREFERRED SEC FD		Mutual Fund	876,695	867,067
GATEWAY FUND		Mutual Fund	1,090,594	1,097,223
PGIM HIGH YIELD FUND		Mutual Fund	1,187,799	1,186,959
			<u>27,397,979</u>	<u>27,433,597</u>
Total assets held for investment purposes			<u>\$ 27,715,578</u>	<u>\$ 27,751,458</u>

* - Represents a party-in-interest, as defined by ERISA.

KORSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended September 30, 2019
EMPLOYER NO. 46-4864607
PLAN NO. 002

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SERIES OF TRANSACTIONS:								
Federated Government Obligations Institutional Shares	Money Market Fund 47 purchases	\$ 2,221,063	N/A	N/A	N/A	\$ 2,221,063	\$ 2,221,063	N/A
Federated Government Obligations Institutional Shares	Money Market Fund 47 sales	N/A	\$ 2,093,906	N/A	N/A	\$ 2,093,906	\$ 2,093,906	N/A



Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2018 - September 30, 2019

Detailed Schedule of Holdings - Principal Assets

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Equity						
Mutual Funds						
GATEWAY FUND OPEN-END FUND CL N 0518440.1	367829777 1.43% 32,694.3660	33.560 1,097,222.92	Level2 3.95%	 33.36 0.00	1,090,594.18 1,120,722.51	6,628.74 -23,499.59
ISHARES CORE S&P 500 ETF CLOSED-END FUND 0518440.1	464287200 2.06% 6,978.0000	298.520 2,083,072.56	Level2 7.51%	 266.64 0.00	1,860,637.26 2,042,669.94	222,435.30 40,402.62
ISHARES RUSSELL 2000 INDEX FUND CLOSED-END FUND 0518440.1	464287655 1.29% 8,702.0000	151.340 1,316,960.68	Level2 4.75%	 152.31 0.00	1,325,428.02 1,466,722.10	-8,467.34 -149,761.42
ISHARES RUSSELL MIDCAP INDEX FD CLOSED-END FUND 0518440.1	464287499 1.43% 41,135.0000	55.950 2,301,503.25	Level2 8.29%	 51.67 0.00	2,125,602.65 2,267,566.87	175,900.60 33,936.38
JPMORGAN US EQUITY FUND OPEN-END FUND CL R6 0518440.1	48121L817 0.91% 151,803.8710	16.050 2,436,452.13	Level2 8.78%	 16.91 0.00	2,566,362.42 2,664,571.72	-129,910.29 -228,119.59
LSV VALUE EQUITY FUND OPEN-END FUND 0518440.1	00758M634 1.89% 89,161.1790	26.330 2,347,613.84	Level2 8.46%	 30.02 0.00	2,676,728.25 2,558,779.59	-329,114.41 -211,165.75
PRINCIPAL SPECTRUM PREF CAP SEC INCOME FD 0518440.1	74256W485 5.24% 84,427.1530	10.270 867,066.86	Level n/a 3.12%	 10.38 0.00	876,694.85 836,395.08	-9,627.99 30,671.78





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2018 - September 30, 2019

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
T ROWE PRICE BLUE CHIP GROWTH FUND OPEN-END FUND CL I 0518440.1	77954Q403 0.05% 19,893.3970	114.380 2,275,406.75	Level2 8.20%	 98.16 0.00	1,952,788.87 2,274,996.88	322,617.88 409.87
Total Mutual Funds		14,725,298.99	53.06%	N/A 0.00	14,474,836.50 15,232,424.69	250,462.49 -507,125.70
Non-US Mutual Funds						
AMERICAN EUROPACIFIC GROWTH FUND OPEN-END FUND CL R6 0518440.1	298706821 1.60% 20,520.5710	51.980 1,066,659.28	Level2 3.84%	 56.17 0.00	1,152,547.10 1,083,522.49	-85,887.82 -16,863.21
INVESTCO OPPENHEIMER DEVELOPING MRKTS FD OPEN-END FUND CL R6 0518440.1	00143W859 0.72% 25,696.7400	41.830 1,074,894.63	Level2 3.87%	 41.71 0.00	1,071,775.76 1,054,816.55	3,118.87 20,078.08
ISHARES MSCI EAFE INDEX FUND CLOSED-END FUND 0518440.1	464287465 3.09% 15,149.0000	65.210 987,866.29	Level2 3.56%	 69.86 0.00	1,058,309.64 1,029,980.51	-70,443.35 -42,114.22
VICTORY TRIVALENT INTL SMALL-CAP FUND OPEN-END FUND CL I 0518440.1	92647K309 1.10% 76,977.0560	13.180 1,014,557.60	Level2 3.66%	 14.41 0.00	1,109,168.04 1,105,463.67	-94,610.44 -90,906.07
Total Non-US Mutual Funds		4,143,977.80	14.93%	N/A 0.00	4,391,800.54 4,273,783.22	-247,822.74 -129,805.42
Total Equity		18,869,276.79	67.99%	N/A 0.00	18,866,637.04 19,506,207.91	2,639.75 -636,931.12
Fixed Income						





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2018 - September 30, 2019

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Mutual Funds						
DODGE & COX INCOME FD OPEN-END FUND MUTUAL FUND 0518440.1	256210105 3.14% 204,524.6810	14.090 2,881,752.76	Level2 10.38%	 13.82 0.00	2,827,295.57 2,734,616.90	54,457.19 147,135.86
ISHARES CORE US AGGREGATE BOND ETF CLOSED-END FUND 0518440.1	464287226 2.71% 12,151.0000	113.170 1,375,128.67	Level2 4.96%	 109.16 0.00	1,326,425.68 1,282,173.52	48,702.99 92,955.15
PGIM HIGH YIELD FUND OPEN-END FUND CL R6 0518440.1	74440Y884 6.38% 215,810.8670	5.500 1,186,959.77	Level n/a 4.28%	 5.50 0.00	1,187,798.60 1,171,235.43	-838.83 15,724.34
WESTERN ASSET TOT RET UNCONSTRAINED FD OPEN-END FUND CL IS 0518440.1	957663685 4.18% 132,559.0420	10.390 1,377,288.45	Level2 4.96%	 10.73 0.00	1,422,797.95 1,339,472.11	-45,509.50 37,816.34
Total Mutual Funds		6,821,129.65	24.58%	N/A 0.00	6,764,317.80 6,527,497.96	56,811.85 293,631.69
Non-US Mutual Funds						
TEMPLETON GLOBAL BOND FUND OPEN-END FUND CL R6 0518440.1	880208772 8.23% 73,830.4910	10.700 789,986.25	Level2 2.85%	 12.07 0.00	890,843.21 843,138.98	-100,856.96 -53,152.73
Total Non-US Mutual Funds		789,986.25	2.85%	N/A 0.00	890,843.21 843,138.98	-100,856.96 -53,152.73
Total Fixed Income		7,611,115.90	27.43%	N/A 0.00	7,655,161.01 7,370,636.94	-44,045.11 240,478.96





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2018 - September 30, 2019

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Real Assets						
Reits						
PRINCIPAL GLOBAL REAL ESTATE SECURITIES OPEN-END FUND CL R6 0518440.1	742537624 3.78% 90,522.7400	10.530 953,204.45	Level n/a 3.43%	 9.68 0.00	876,180.08 872,387.63	77,024.37 80,816.82
Total Reits		953,204.45	3.43%	N/A 0.00	876,180.08 872,387.63	77,024.37 80,816.82
Total Real Assets		953,204.45	3.43%	N/A 0.00	876,180.08 872,387.63	77,024.37 80,816.82
Cash and Cash Equivalents						
Money Market Funds						
FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES 0518440.1	3140000V3 1.95% 317,599.0600	1.000 317,599.06	Level n/a 1.14%	 1.00 343.71	317,599.06 317,599.06	0.00 0.00
Total Money Market Funds		317,599.06	1.14%	N/A 343.71	317,599.06 317,599.06	0.00 0.00
Total Cash and Cash Equivalents		317,599.06	1.14%	N/A 343.71	317,599.06 317,599.06	0.00 0.00
Net Holdings		27,751,196.20	100.00%	N/A 343.71	27,715,577.19 28,066,831.54	35,619.01 -315,635.34
Total Holdings Principal Assets		\$27,751,196.20	100.00%	N/A \$343.71	\$27,715,577.19 \$28,066,831.54	\$35,619.01 \$-315,635.34
Total Holdings		\$27,751,196.20			\$27,715,577.19 \$28,066,831.54	\$35,619.01 \$-315,635.34
Accrued Income On						
Principal Holdings		343.71		343.71	343.71	





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2018 - September 30, 2019

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss
						On Book Value On Revalued Cost
Total Accrued Income		343.71		343.71	343.71	
Total Holdings with Accrued Income		\$27,751,539.91			\$27,715,920.90 \$28,067,175.25	\$35,619.01 \$-315,635.34





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2018 - September 30, 2019

5% Report by Asset - Single Transaction

No activity this period based on a beginning valuation of \$28,144,400.91 and a transaction threshold of \$1,407,220.05.





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440

October 01, 2018 - September 30, 2019

5% Report by Asset - Aggregate Transactions

		Valuation: \$28,144,400.91				Threshold: \$1,407,220.05		Base Currency: USD	
Asset Number		Asset Description	Purchase Cost/ Sale Proceeds	Broker				Previous	Net Gain/Loss
Tran Type	Settle Dt	Units/Par		Commission	Other Expense	Book Value	Annual Market		on Market
3140000V3		FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES							
Sale	10/01/2018	-131,630.1200	131,630.12	0.00	0.00	-131,630.12	-131,630.12		0.00
Purchase	10/02/2018	26,458.0700	26,458.07	0.00	0.00	26,458.07	26,458.07		0.00
Purchase	10/05/2018	3,182.0500	3,182.05	0.00	0.00	3,182.05	3,182.05		0.00
Sale	10/12/2018	-15,925.0000	15,925.00	0.00	0.00	-15,925.00	-15,925.00		0.00
Purchase	10/15/2018	339,625.0000	339,625.00	0.00	0.00	339,625.00	339,625.00		0.00
Sale	10/16/2018	-44.5600	44.56	0.00	0.00	-44.56	-44.56		0.00
Sale	10/17/2018	-3,442.1900	3,442.19	0.00	0.00	-3,442.19	-3,442.19		0.00
Purchase	10/22/2018	2,012.3300	2,012.33	0.00	0.00	2,012.33	2,012.33		0.00
Sale	10/23/2018	-2,012.3300	2,012.33	0.00	0.00	-2,012.33	-2,012.33		0.00
Sale	10/29/2018	-4,350.0000	4,350.00	0.00	0.00	-4,350.00	-4,350.00		0.00
Sale	11/01/2018	-132,625.8900	132,625.89	0.00	0.00	-132,625.89	-132,625.89		0.00
Sale	11/07/2018	-1,964.6300	1,964.63	0.00	0.00	-1,964.63	-1,964.63		0.00
Purchase	11/09/2018	171.4300	171.43	0.00	0.00	171.43	171.43		0.00
Sale	11/14/2018	-171.4300	171.43	0.00	0.00	-171.43	-171.43		0.00
Purchase	11/15/2018	126.8500	126.85	0.00	0.00	126.85	126.85		0.00
Purchase	11/16/2018	3.4000	3.40	0.00	0.00	3.40	3.40		0.00
Sale	11/19/2018	-72.0900	72.09	0.00	0.00	-72.09	-72.09		0.00
Sale	11/21/2018	-1,600.0000	1,600.00	0.00	0.00	-1,600.00	-1,600.00		0.00
Sale	12/03/2018	-134,756.8000	134,756.80	0.00	0.00	-134,756.80	-134,756.80		0.00
Purchase	12/07/2018	3,179.8100	3,179.81	0.00	0.00	3,179.81	3,179.81		0.00
Purchase	12/19/2018	3.6100	3.61	0.00	0.00	3.61	3.61		0.00
Sale	12/20/2018	-5,045.9100	5,045.91	0.00	0.00	-5,045.91	-5,045.91		0.00
Purchase	12/21/2018	23,873.8800	23,873.88	0.00	0.00	23,873.88	23,873.88		0.00
Purchase	12/24/2018	12,746.7200	12,746.72	0.00	0.00	12,746.72	12,746.72		0.00
Purchase	12/27/2018	126.6200	126.62	0.00	0.00	126.62	126.62		0.00
Sale	01/02/2019	-134,517.4600	134,517.46	0.00	0.00	-134,517.46	-134,517.46		0.00





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2018 - September 30, 2019

5% Report by Asset - Aggregate Transactions (Continued)

		Valuation: \$28,144,400.91				Threshold: \$1,407,220.05		Base Currency: USD	
Asset Number		Asset Description	Purchase Cost/ Sale Proceeds	Broker				Previous	Net Gain/Loss
Tran Type	Settle Dt	Units/Par		Commission	Other Expense	Book Value	Annual Market		on Market
3140000V3		FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES							
Purchase	01/04/2019	2,336.2500	2,336.25	0.00	0.00	2,336.25	2,336.25		0.00
Purchase	01/09/2019	402.0900	402.09	0.00	0.00	402.09	402.09		0.00
Sale	01/11/2019	-402.0900	402.09	0.00	0.00	-402.09	-402.09		0.00
Purchase	01/15/2019	222,825.4800	222,825.48	0.00	0.00	222,825.48	222,825.48		0.00
Purchase	01/16/2019	3.5200	3.52	0.00	0.00	3.52	3.52		0.00
Sale	01/23/2019	-10,352.4200	10,352.42	0.00	0.00	-10,352.42	-10,352.42		0.00
Sale	02/01/2019	-135,171.2100	135,171.21	0.00	0.00	-135,171.21	-135,171.21		0.00
Purchase	02/07/2019	3,917.5400	3,917.54	0.00	0.00	3,917.54	3,917.54		0.00
Sale	02/08/2019	-523.2700	523.27	0.00	0.00	-523.27	-523.27		0.00
Purchase	02/14/2019	766.8400	766.84	0.00	0.00	766.84	766.84		0.00
Sale	02/19/2019	-5,225.0000	5,225.00	0.00	0.00	-5,225.00	-5,225.00		0.00
Sale	02/20/2019	-1,347.0700	1,347.07	0.00	0.00	-1,347.07	-1,347.07		0.00
Purchase	02/21/2019	3.5200	3.52	0.00	0.00	3.52	3.52		0.00
Purchase	02/28/2019	190,300.0000	190,300.00	0.00	0.00	190,300.00	190,300.00		0.00
Sale	03/01/2019	-54,985.8600	54,985.86	0.00	0.00	-54,985.86	-54,985.86		0.00
Sale	03/05/2019	-1,600.0000	1,600.00	0.00	0.00	-1,600.00	-1,600.00		0.00
Purchase	03/06/2019	412.9300	412.93	0.00	0.00	412.93	412.93		0.00
Purchase	03/07/2019	2,929.4500	2,929.45	0.00	0.00	2,929.45	2,929.45		0.00
Purchase	03/11/2019	171.4300	171.43	0.00	0.00	171.43	171.43		0.00
Sale	03/13/2019	-295.6500	295.65	0.00	0.00	-295.65	-295.65		0.00
Purchase	03/20/2019	3.5200	3.52	0.00	0.00	3.52	3.52		0.00
Purchase	03/26/2019	14,525.0600	14,525.06	0.00	0.00	14,525.06	14,525.06		0.00
Sale	03/28/2019	-7,500.0000	7,500.00	0.00	0.00	-7,500.00	-7,500.00		0.00
Sale	04/01/2019	-139,568.7500	139,568.75	0.00	0.00	-139,568.75	-139,568.75		0.00
Sale	04/02/2019	-312.7400	312.74	0.00	0.00	-312.74	-312.74		0.00





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2018 - September 30, 2019

5% Report by Asset - Aggregate Transactions (Continued)

				Valuation: \$28,144,400.91		Threshold: \$1,407,220.05		Base Currency: USD	
Asset Number		Asset Description		Purchase Cost/		Broker			
Tran Type	Settle Dt	Units/Par	Sale Proceeds	Commission	Other Expense	Book Value	Previous Annual Market	Net Gain/Loss on Market	
3140000V3		FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES							
Purchase	04/05/2019	3,280.8700	3,280.87	0.00	0.00	3,280.87	3,280.87	0.00	
Purchase	04/16/2019	3.5100	3.51	0.00	0.00	3.51	3.51	0.00	
Sale	04/19/2019	-1,185.7900	1,185.79	0.00	0.00	-1,185.79	-1,185.79	0.00	
Purchase	04/29/2019	222,525.0000	222,525.00	0.00	0.00	222,525.00	222,525.00	0.00	
Sale	05/01/2019	-136,441.3900	136,441.39	0.00	0.00	-136,441.39	-136,441.39	0.00	
Sale	05/03/2019	-266.2500	266.25	0.00	0.00	-266.25	-266.25	0.00	
Purchase	05/07/2019	3,538.9600	3,538.96	0.00	0.00	3,538.96	3,538.96	0.00	
Sale	05/09/2019	-967.8300	967.83	0.00	0.00	-967.83	-967.83	0.00	
Sale	05/10/2019	-4,475.0000	4,475.00	0.00	0.00	-4,475.00	-4,475.00	0.00	
Purchase	05/16/2019	3.5200	3.52	0.00	0.00	3.52	3.52	0.00	
Sale	05/20/2019	-3,067.3600	3,067.36	0.00	0.00	-3,067.36	-3,067.36	0.00	
Purchase	05/23/2019	213.8600	213.86	0.00	0.00	213.86	213.86	0.00	
Sale	06/03/2019	-139,432.8800	139,432.88	0.00	0.00	-139,432.88	-139,432.88	0.00	
Sale	06/05/2019	-7,500.0000	7,500.00	0.00	0.00	-7,500.00	-7,500.00	0.00	
Purchase	06/07/2019	3,117.8100	3,117.81	0.00	0.00	3,117.81	3,117.81	0.00	
Sale	06/11/2019	-1,600.0000	1,600.00	0.00	0.00	-1,600.00	-1,600.00	0.00	
Purchase	06/14/2019	5,211.0000	5,211.00	0.00	0.00	5,211.00	5,211.00	0.00	
Purchase	06/19/2019	3.5300	3.53	0.00	0.00	3.53	3.53	0.00	
Purchase	06/21/2019	39,997.3200	39,997.32	0.00	0.00	39,997.32	39,997.32	0.00	
Purchase	06/26/2019	390,500.0000	390,500.00	0.00	0.00	390,500.00	390,500.00	0.00	
Purchase	06/27/2019	158,436.4200	158,436.42	0.00	0.00	158,436.42	158,436.42	0.00	
Sale	07/01/2019	-139,688.7600	139,688.76	0.00	0.00	-139,688.76	-139,688.76	0.00	
Purchase	07/08/2019	3,094.3500	3,094.35	0.00	0.00	3,094.35	3,094.35	0.00	
Sale	07/10/2019	-10,000.0000	10,000.00	0.00	0.00	-10,000.00	-10,000.00	0.00	
Sale	07/11/2019	-429,840.0000	429,840.00	0.00	0.00	-429,840.00	-429,840.00	0.00	





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2018 - September 30, 2019

5% Report by Asset - Aggregate Transactions (Continued)

				Valuation: \$28,144,400.91		Threshold: \$1,407,220.05		Base Currency: USD	
Asset Number		Asset Description	Purchase Cost/ Sale Proceeds	Broker		Previous		Net Gain/Loss	
Tran Type	Settle Dt	Units/Par		Commission	Other Expense	Book Value	Annual Market	on Market	
3140000V3		FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES							
Purchase	07/12/2019	212.2700	212.27	0.00	0.00	212.27	212.27	0.00	
Purchase	07/15/2019	222,525.0000	222,525.00	0.00	0.00	222,525.00	222,525.00	0.00	
Sale	07/16/2019	-2,607.4600	2,607.46	0.00	0.00	-2,607.46	-2,607.46	0.00	
Sale	08/01/2019	-140,006.0100	140,006.01	0.00	0.00	-140,006.01	-140,006.01	0.00	
Sale	08/05/2019	-593.4400	593.44	0.00	0.00	-593.44	-593.44	0.00	
Purchase	08/07/2019	3,198.2500	3,198.25	0.00	0.00	3,198.25	3,198.25	0.00	
Sale	08/09/2019	-4,350.0000	4,350.00	0.00	0.00	-4,350.00	-4,350.00	0.00	
Purchase	08/16/2019	43.9600	43.96	0.00	0.00	43.96	43.96	0.00	
Sale	09/03/2019	-142,638.2400	142,638.24	0.00	0.00	-142,638.24	-142,638.24	0.00	
Purchase	09/05/2019	109.9800	109.98	0.00	0.00	109.98	109.98	0.00	
Sale	09/06/2019	-1,650.0000	1,650.00	0.00	0.00	-1,650.00	-1,650.00	0.00	
Purchase	09/09/2019	3,234.1600	3,234.16	0.00	0.00	3,234.16	3,234.16	0.00	
Purchase	09/10/2019	213,000.0000	213,000.00	0.00	0.00	213,000.00	213,000.00	0.00	
Purchase	09/11/2019	74,993.8600	74,993.86	0.00	0.00	74,993.86	74,993.86	0.00	
Sale	09/12/2019	-730.8800	730.88	0.00	0.00	-730.88	-730.88	0.00	
Sale	09/16/2019	-266.7900	266.79	0.00	0.00	-266.79	-266.79	0.00	
Sale	09/20/2019	-1,155.5400	1,155.54	0.00	0.00	-1,155.54	-1,155.54	0.00	
Purchase	09/30/2019	23,712.1500	23,712.15	0.00	0.00	23,712.15	23,712.15	0.00	

47 Issue Sales

47 Issue Purchases

End of Schedule





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2018 - September 30, 2019

5% Report by Broker - Aggregate Transactions for Securities

No activity this period based on a beginning valuation of \$28,144,400.91 and a transaction threshold of \$1,407,220.05.





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2018 - September 30, 2019

5% Report by Broker - Aggregate Transactions for Non-Securities

No activity this period based on a beginning valuation of \$28,144,400.91 and a transaction threshold of \$1,407,220.05.



SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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

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

A Name of plan Koroseal Interior Products Retirement Income Plan	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Koroseal Interior Products, LLC	D Employer Identification Number (EIN) 46-4864607	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	28,488,289	
b Actuarial value.....	2b	28,034,612	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	241	17,435,144	17,435,144
b For terminated vested participants.....	348	10,756,742	10,756,742
c For active participants.....	131	3,926,930	4,202,329
d Total.....	720	32,118,816	32,394,215
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.69%	
6 Target normal cost.....	6	475,850	

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

SIGN HERE	SETH H. PITASKY, EA, MAAA, MSPA _____ Signature of actuary SETH H. PITASKY, EA, MAAA, MSPA _____ Type or print name of actuary CBIZ RETIREMENT PLAN SERVICES _____ Firm name 6050 OAK TREE BLVD S SUITE 500 CLEVELAND OH 44131 _____ Address of the firm	07/13/2020 _____ Date 2007321 _____ Most recent enrollment number 216-520-6174 _____ Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

21 Discount rate:				
a Segment rates:				
1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used	
3.92 %	5.52 %	6.29 %		
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) Prior regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				
Current regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	475,850
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		4,359,603	513,150
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	989,000
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	989,000	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	989,067	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	67
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected ☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	

ACTUARIAL ASSUMPTIONS

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (Jun).

	Non-Stabilized	Limited to 25-Year Corridor
Segment I:	2.07%	3.92%
Segment II:	3.70%	5.52%
Segment III:	4.43%	6.29%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the Highway and Transportation Funding Act of 2014 ('HATFA-14') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

Effective Interest Rate The Effective Interest Rate (EIR) for the 2018 Plan Year was 5.69%. For the prior Plan year, the EIR was 5.88%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would equal the Funding Target determined using the plan sponsor's above elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

PBGC Variable Premium Discount Rates The segment rates used to calculate the PBGC Variable Rate Premiums with the Standard Premium Funding Target and/or Alternative Premium Funding Target are as follows:

	Standard	Alternative
Segment I:	3.21%	2.07%
Segment II:	4.26%	3.70%
Segment III:	4.55%	4.43%

The Standard Premium Funding Target rates are based on rates for the month prior to the valuation, and the Alternative Premium Funding Target rates are based on non-stabilized funding discount rates for the current valuation.

ACTUARIAL ASSUMPTIONS (cont)

Healthy Participant Mortality

IRS Section 1.430(h)(3)-1 prescribed separate static annuitant and non-annuitant mortality tables for the current Plan Year. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year, plus 7 years for annuitants and plus 15 years for non-annuitants, using projection scale AA. Below is a table of representative rates.

Age	Rates (M)	Rates (F)
30	0.025%	0.012%
40	0.041%	0.027%
50	0.272%	0.073%
60	0.599%	0.199%
70	1.464%	0.537%
80	4.230%	1.735%

ASC 960 Assumptions

ASC 960 Present Values of Accrued Benefits used a discount rate of 6.50% and assumed mortality was the RP-2014 Employee and Healthy Annuitant Mortality Tables, with generational Projection Scale MP-2018, for males and females.

The Mortality assumption was updated from Scale MP-2017 to Scale MP-2018.

The selection of ASC 960 rates is the Plan Sponsor's view of the long-term rate of return on assets. This rate was selected by the Plan Sponsor.

Expected Return on Assets

The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of a) or b), below:

a) The plan sponsor's expected long-term rate of return on assets based on policy trust allocations; or

b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	a)	b)	EROA
2017	7.00%	6.48%	6.48%
2016	7.00%	6.65%	6.65%

Expenses

Administrative expenses were assumed to equal actual expenses in the prior year. Under this assumption, expenses of \$475,850 were included in the Normal Cost.

ACTUARIAL ASSUMPTIONS (cont)

Salary Scale N/A

Inflation None.

This assumption affects long-term assumed increases in the Social Security Taxable Wage base and the IRS Compensation Limits.

Withdrawal Rates Rates are based on age. Below is a table of representative rates.

Age	Rates
20	15.00%
25	15.00%
30	15.00%
35	10.00%
40	8.00%
45	7.00%
50	7.00%
55	3.50%
60	3.50%

Benefit Commencement Age

Future deferred vested participants are assumed to commence at the Plan's Normal Retirement Age, or valuation age, if later.

Disability Incidence Rates are based on age. Below is a table of representative rates.

Age	Rates
25	0.045%
30	0.053%
35	0.060%
40	0.117%
45	0.173%
50	0.488%
55	0.803%
60	0.803%

Benefit Commencement Age

Future disabled participants are assumed to commence immediately upon eligibility.

Disabled Participant Mortality Same as Healthy Participant Mortality.

ACTUARIAL ASSUMPTIONS (cont)

Retirement Rates

Rates are based on age. Below is a table of representative rates.

Age	Rates
62	5%
63	2%
64	2%
65	100%
66	100%
67	100%
68	100%
69	100%
70	100%

Benefit Commencement Age

Active retirements are assumed to commence at these ages according to the rates shown.

Spousal Assumptions

85% of males and 50% of females are assumed to be married. Females are assumed to be 3 years younger than males. This assumption is expected to reflect actual Plan experience but a formal analysis has not been conducted due to the lack of credible experience.

Form of Payment

100% of future retirements are assumed to take a life annuity in the Plan's Normal Form. The valuation of participants in pay status is based on the actual form of payment elected by the participant, as provided in the census data.

Changes in non-required assumptions since the prior valuation

For ASC960, the mortality assumption was updated from Scale MP-2017 to Scale MP-2018.

ACTUARIAL METHODS

Minimum Funding Cost Method

The actuarial cost method used to determine the liabilities for minimum funding calculations is the Traditional Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for each participant. The individual accrued liability for a participant is the present value of the accrued benefit as of the valuation date taking into account service and/or pay as of the valuation date. The individual normal cost for a participant is the present value of the benefit expected to accrue in the plan year being valued.

If a plan is frozen, there is no normal cost attributable to benefit accruals.

Maximum deductible contribution method

The actuarial cost method used to determine the liabilities for maximum deductible calculations is the Projected Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for all participant. The individual accrued liability for a participant is the sum of 1) the present value of the accrued benefit earned as of the valuation date taking into account service and/or pay as of the valuation date; plus 2) the present value of the accrued benefit expected to be earned because of any expected future compensation increases.

The individual normal cost for a participant is the sum of the present value of the benefit expected to accrue in the plan year being valued taking into account any expected future compensation increases.

ACTUARIAL METHODS (cont)

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. This information was not be verified by a plan's actuary. We have reviewed the information for internal consistency, and we have no reason to doubt is substantial accuracy.

The Actuarial Value of Assets is determined by averaging the market value of assets, plus discounted receivable contributions, over the current and prior two years using three annual determination dates, adjusted for contributions, benefit payments administrative expenses, and expected earnings. The resulting value is held to a minimum of 90% and a maximum of 110% of the fair market value. This method is in accordance with IRS Notice 2009-22.

Changes in methods since the prior valuation

None.

SCHEDULE SB ATTACHMENT
Line 18 - Late Contribution Explanation

Plan Name: Koroseal Interior Products Retirement Income Plan

EIN/PN: 46-4864607/002

Valuation Date: October 1, 2018

The 7/13/2020 contribution of \$1,000 was made after the original due date, as permitted under the COVID-19 relief provided by the CARES Act. Because the contribution is now due January 1, 2021, no penalty resulted.

SCHEDULE SB ATTACHMENT

Line 32 - Amortization Bases Used in the Valuation

Plan Name: Koroseal Interior Products Retirement Income Plan

EIN/PN: 46-4864607/002

Valuation Date: October 1, 2018

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
10/1/2018	7	7 year	1,251,237	204,264
10/1/2017	6	7 year	767,980	142,188
10/1/2016	5	7 year	1,402,125	302,394
10/1/2015	4	7 year	1,066,684	282,243
10/1/2014	3	7 year	233,758	80,934
10/1/2013	2	7 year	278,742	142,050
10/1/2012	1	7 year	(640,923)	(640,923)

SCHEDULE SB ATTACHMENT
Line 22 - Description of Weighted Average Retirement Age

Plan Name: Koroseal Interior Products Retirement Income Plan

EIN/PN: 46-4864607/002

Valuation Date: October 1, 2018

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement and then computing the average retirement age for the table, as shown in the following exhibit:

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
62	5.00%	10,000	500	31,000
63	2.00%	9,500	190	11,970
64	2.00%	9,310	186	11,917
65	100.00%	9,124	9,124	593,047
Total			10,000	647,934
Average				64.79

SCHEDULE SB ATTACHMENT

Line 19 - Discounted Employer Contributions

Plan Name: Koroseal Interior Products Retirement Income Plan

EIN/PN: 46-4864607/002

Valuation Date: October 1, 2018

Total Contributed: \$1,034,916.00

Total Discounted to Valuation Date: \$989,067.00

Date	Amount	Plan Year Beginning	Effective Rate of Interest	Amount Discounted	Penalty Rate of Interest	Additional Amount Discounted	Present Value on Date of Valuation
01/15/2019	222,525	10/2018	5.69%	3,548			218,977
04/29/2019	222,525	10/2018	5.69%	6,973	10.69%	382	215,170
07/15/2019	222,525	10/2018	5.69%	9,475			213,050
10/15/2019	222,525	10/2018	5.69%	12,426			210,099
06/15/2020	143,816	10/2018	5.69%	12,951			130,865
07/13/2020	1,000	10/2018	5.69%	94			906

SCHEDULE SB ATTACHMENT

Line 26 - Schedule of Active Participant Data

Plan Name: Koroseal Interior Products Retirement Income Plan

EIN/PN: 46-4864607/002

Valuation Date: October 1, 2018

Compensation is shown below only for cells where the counts are greater than 20.

Att. Age:	Years of Credited Service														Total
	Under					5 to	10 to	15 to	20 to	25 to	30 to	35 to	40 & Up		
	1	1	2	3	4	9	14	19	24	29	34	39	Up		
Under 25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
25 to 29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
30 to 34	-	1	-	-	-	-	-	-	-	-	-	-	-	1	
35 to 39	-	3	2	1	-	1	2	-	-	-	-	-	-	9	
40 to 44	-	5	2	1	1	7	4	-	-	-	-	-	-	20	
45 to 49	2	4	3	3	3	3	2	1	-	-	-	-	-	21	
50 to 54	-	2	1	2	-	7	6	3	2	-	-	-	-	23	
55 to 59	-	5	4	1	3	9	7	2	-	-	-	-	-	31	
60 to 64	-	1	1	1	4	3	2	3	1	-	1	-	-	17	
65 to 69	-	2	-	-	-	1	2	2	-	-	1	-	-	8	
70 & Up	-	-	1	-	-	-	-	-	-	-	-	-	-	1	
Total	2	23	14	9	11	31	25	11	3	-	2	-	-	131	

SUMMARY of PLAN BENEFITS

Plan Effective Date	October 1, 1988. The plan was last amended and restated effective October 1, 2015.	
Eligibility Requirements	Each employee of the Company who is not covered by a collective bargaining agreement. The Plan was frozen as to eligibility effective October 1, 2008.	
Vesting	100% vesting upon earning 5 Years of Vesting Service.	
Accrued Benefit Formula	Your Annual Accrued Pension will be the sum of (a) plus (b): (a) Credited Service multiplied by the sum of (i) and (ii): i. 1% of Final Average Pensionable Earnings not in excess of Social Security Covered Compensation; and ii. 1.5% of Final Average Pensionable Earnings in excess of Social Security Covered Compensation. (b) An amount equal to your years of credited service in excess of 30 years multiplied by 0.5% of your Final-Average Pensionable Earnings. <u>Accrued Benefits were frozen May 31, 2009.</u>	
Final Average Pensionable Earnings	Average Compensation is the highest consecutive five year average of calendar year compensation, out of the last ten calendar years, as a Covered Employee.	
Credited Service	<u>Hours as a Covered Employee</u> 1,976 or greater at least 1,768 but less than 1,976 at least 1,560 but less than 1,768 at least 1,352 but less than 1,560 at least 1,144 but less than 1,352 at least 1,000 but less than 1,144 less than 1,000	<u>Years of Credited Service</u> 1.0 .9 .8 .7 .6 .5 0
Vesting Service	One Year upon working 1,000 hours in a Plan Year.	
Normal Retirement Age	Upon attainment of 65 and five Years of Service.	
Early Retirement	<u>Eligibility:</u> Upon attainment of age 62 and completion of 10 Years of Service. <u>Benefit:</u> The accrued benefit actuarially reduced from age 65 for early commencement.	

SUMMARY of PLAN BENEFITS (cont)

Disability Retirement

Eligibility: Upon becoming totally and permanently disabled.

Benefit: The unreduced Accrued Benefit payable immediately after Social Security Disability Income payments start.

Pre-Retirement Death

Eligibility: Upon earning 5 Years of Service.

Benefit: The spouse is eligible for 50% of the benefit that would have been payable, if the Participant had live to Early Retirement Eligibility and elected a 50% Qualified Joint and Survivor Annuity. The benefit is payable upon the Participant's Early Retirement Eligibility date.

Normal Form of Payment

Unless otherwise elected, the benefit payable a participant who has been married at least one year is an actuarially equivalent 100% Joint and Survivor benefit. For unmarried participants, the Normal Form is a straight-life annuity.

Optional Forms

Benefits may be elected from:

- 50% and 100% Joint and Survivor
- 10 Year Certain and Continuous
- Straight Life Annuity

Changes in Plan Benefits recognized since the last valuation

None.