

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 2019 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☒	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>PLASTIC TRIM, LLC HOURLY EMPLOYEES PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PLASTIC TRIM INTERNATIONAL, INC.</u> <u>3909 RESEARCH BLVD.</u> <u>DAYTON, OH 45430</u>		1c Effective date of plan <u>12/01/1990</u>	
		2b Employer Identification Number (EIN) <u>26-0208408</u>	
		2c Plan Sponsor's telephone number <u>937-429-1100</u>	
		2d Business code (see instructions) <u>336300</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2020	CHRISTINA BORTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

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	5 209
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 0 6a(2) 0 6b 101 6c 94 6d 195 6e 8 6f 203 6g 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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 2019 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

► **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>PLASTIC TRIM, LLC HOURLY EMPLOYEES PENSION 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>PLASTIC TRIM INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>26-0208408</u>	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>		
2	Assets:		
	a	2a	Market value <u>5612206</u>
	b	2b	Actuarial value <u>5969582</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>104</u>	<u>4877212</u>
	b For terminated vested participants.....	<u>105</u>	<u>1982717</u>
	c For active participants	<u>0</u>	<u>0</u>
	d Total.....	<u>209</u>	<u>6859929</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>5.48</u> %
6	Target normal cost.....	6	<u>35000</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	Signature of actuary <u>RICHARD L. KUBIAK</u> Type or print name of actuary <u>CUNI, RUST AND STRENK</u> Firm name <u>4555 LAKE FOREST DRIVE - SUITE 620</u> <u>US CINCINNATI, OH 45242-3760</u> Address of the firm	<u>09/24/2020</u> Date <u>20-08540</u> Most recent enrollment number <u>513-891-0270</u> Telephone number (including area code)
------------------	---	--

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

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

Schedule SB (Form 5500) 2019 v. 190130

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	74473
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	74473
10 Interest on line 9 using prior year's actual return of <u>-6.39</u> %	0	-4759
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		30
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>5.68</u> %		2
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		32
d Portion of (c) to be added to prefunding balance		0
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	69714

Part III Funding Percentages

14 Funding target attainment percentage	14	86.00 %
15 Adjusted funding target attainment percentage	15	86.00 %
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	88.09 %
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
04/12/2019	29728				
04/16/2019	3303				
07/19/2019	33031				
10/16/2019	33031				
01/14/2020	33031				
09/15/2020	191484				
Totals ▶			18(b)	323608	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	302368

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:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 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** 35000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 960061 Installment 267368**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** 302368**35** Balances elected for use to offset funding requirement Carryover balance Prefunding balance Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 302368**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 302368**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan PLASTIC TRIM, LLC HOURLY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PLASTIC TRIM INTERNATIONAL, INC.	D Employer Identification Number (EIN) 26-0208408	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

FIFTH THIRD BANK

31-1051736

(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?
18 50	NONE	35060	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan PLASTIC TRIM, LLC HOURLY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 PLASTIC TRIM INTERNATIONAL, INC.	D Employer Identification Number (EIN) 26-0208408	

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	4	5008
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	48888	224478
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	5604	5565
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	274265	159532
(2) U.S. Government securities	1c(2)	309712	314936
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	247025	283924
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	387388	301657
(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)	4340106	5286824
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	5612992 6581924
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5612992 6581924

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	323608
	(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)	323608
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4383
	(B) U.S. Government securities	2b(1)(B)	10550
	(C) Corporate debt instruments	2b(1)(C)	7397
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	22330
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	7579
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	7579
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	636325
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	613698
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	22627
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	70726
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	70726

		(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)		998544
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1445414

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	441422	
(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)		441422
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	35060	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		35060
j Total expenses. Add all expense amounts in column (b) and enter total	2j		476482

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		968932
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) ☐ Unmodified (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: CLARK, SCHAEFER, HACKETT & CO.

(2) EIN: 31-0800053

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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
4e	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?.....		X	
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?.....		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4216555. (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 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan PLASTIC TRIM, LLC HOURLY EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 PLASTIC TRIM INTERNATIONAL, INC.		D Employer Identification Number (EIN) 26-0208408
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): 30-0170257		
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 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☒ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

INDEPENDENT AUDITORS' REPORT

The Plan Administrator and Plan Participants
Plastic Trim, LLC Hourly Employee's Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Plastic Trim, LLC Hourly Employee's Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 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 of assets (held at end of year) as of December 31, 2019 and reportable transactions for the year ended December 31, 2019 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

A handwritten signature in black ink that reads "Clark Schaefer Hackett & Co." in a cursive script.

Springfield, Ohio
August 4, 2020

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 2019 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

► 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 PLASTIC TRIM INTERNATIONAL, INC. HOURLY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PLASTIC TRIM INTERNATIONAL, INC.	D Employer Identification Number (EIN) 26-0208408	
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>01</u> Day <u>01</u> Year <u>2019</u>			
2 Assets:			
a Market value	2a	5,612,206	
b Actuarial value	2b	5,969,582	
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	104	4,877,212	4,877,212
b For terminated vested participants	105	1,982,717	1,982,717
c For active participants	0	0	0
d Total	209	6,859,929	6,859,929
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	5.48 %	
6 Target normal cost	6	35,000	

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/24/2020</u> Date
	Signature of actuary Richard L. Kubiak	<u>20-08540</u> Most recent enrollment number
	Type or print name of actuary Cuni, Rust and Strenk	<u>(513) 891-0270</u> Telephone number (including area code)
	Firm name 4555 Lake Forest Drive - Suite 620	
	US Cincinnati OH 45242-3760 Address of the firm	

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

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

Schedule SB (Form 5500) 2019
v. 190130

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	74,473
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	74,473
10 Interest on line 9 using prior year's actual return of <u>-6.39%</u>	0	(4,759)
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		30
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>5.68</u> %.....		2
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance .		32
d Portion of (c) to be added to prefunding balance		0
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	69,714

Part III Funding Percentages

14 Funding target attainment percentage	14	86.00 %
15 Adjusted funding target attainment percentage	15	86.00 %
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	88.09 %
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
04/12/2019	29,728				
04/16/2019	3,303				
07/19/2019	33,031				
10/16/2019	33,031				
01/14/2020	33,031				
09/15/2020	191,484				
Totals ▶			18(b)	323,608	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	302,368

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: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	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	35,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	960,061		267,368
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	302,368	
	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	302,368	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	302,368	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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 SB, line 19 – Discounted Employer Contributions.

Plan Name: Plastic Trim International, Inc. Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

Effective Interest Rate: 5.48%
Effective Rate for Late Quarterlies: 10.48%

<u>Date</u>	<u>Contribution Amount</u>	<u>Number of Days to 1/1/2019</u>	<u>Applicable Rate</u>	<u>Discounted Amount</u>
04/12/2019	\$ 29,728	101	5.48%	\$ 29,292
04/16/2019	3,303	105	5.56%	3,252 (1)
07/19/2019	33,031	199	5.58%	32,068 (2)
10/16/2019	33,031	288	5.50%	31,665 (3)
01/14/2020	33,031	378	5.48%	31,256
09/15/2020	<u>191,484</u>	623	5.48%	<u>174,835</u>
TOTAL	\$ 323,608			\$ 302,368

(1) 10.48% to the quarterly due date of 4/15/19, 5.48% from 4/15/19 to 1/1/19.

(2) 10.48% to the quarterly due date of 7/15/19, 5.48% from 7/15/19 to 1/1/19.

(3) 10.48% to the quarterly due date of 10/15/19, 5.48% from 10/15/19 to 1/1/19.

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Plan Name: Plastic Trim International, Inc. Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

Each participant is assumed to retire at his or her normal retirement age.

The age specified in the plan as normal retirement age is 65.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods.

Plan Name: Plastic Trim, LLC Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

1. Segment Rates:

a. 2019 Valuation

3.74%, 5.35%, and 6.11% interest rates for 2019 used for purposes other than Maximum Deductible Contributions.

2.55%, 3.93%, and 4.49% (January 2019 Rates) used for Maximum Deductible Contributions.

b. 2018 Valuation

3.92%, 5.52%, and 6.29% interest rates for 2018 used for purposes other than Maximum Deductible Contributions.

1.81%, 3.68%, and 4.53% (January 2018 Rates) used for Maximum Deductible Contributions.

2. Mortality Rates:

2018-2019 Combined Static Mortality Table with Small Plan Adjustment under IRS Notice 2018-02.

3. Retirement Age:

Age 65.

4. Termination/Disability Rates:

<u>Age</u>	<u>Termination</u>	<u>Disability</u>
25	0.077242	0.000910
30	0.072219	0.000910
35	0.062764	0.000910
40	0.051504	0.001000
45	0.039753	0.002500
50	0.025627	0.004700
55	0.009394	0.009100
60	0.000901	0.013500
65	0.000000	0.000000

5. Percent Married/Spousal Age:

80% with wives 3 years younger than their husbands.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods.

Plan Name: Plastic Trim, LLC Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

6. Expense Load: \$35,000.
7. Actuarial Cost Method: Unit Credit.
8. Asset Valuation Method: Asset smoothing as allowed under the Pension Protection Act of 2006 (PPA).
9. Rationale for Selection of Assumptions: Many actuarial assumptions used in this report are prescribed by the IRS. The selection of non-prescribed assumptions is based on the actuary's best estimate of future expectations based on the examination of recent actual results compared to expectations, periodic experience studies, Society of Actuaries mortality studies, and any reasonably certain information about future expected plan changes.
10. Changes Since Last Year: The interest rates and mortality table for minimum funding were updated to 2019 in accordance with PPA and subsequent legislation.

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Plastic Trim International, Inc. Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

1. Effective Date: December 1, 1990.
2. Plan Year: January 1st through December 31st.
3. Covered Employees: Hourly rate employees of Plastic Trim, LLC represented by the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America Local Union No. 888.
4. Eligibility: 1 Hour of Service.
5. Vesting Service: 1 Year of Vesting Service is earned for each Plan Year in which a participant completes 1,000 Hours of Service.
6. Normal Retirement:
 - a. Eligibility Age 65.
 - b. Monthly Benefit Benefit Accrued as of December 31, 2006.
7. Early Retirement:
 - a. Eligibility Age 55 and 10 Years of Vesting Service.
 - b. Monthly Benefit Calculated as for Normal Retirement with monthly benefit reduced $\frac{3}{5}$ of 1% for each month Early Retirement precedes Normal Retirement.

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Plastic Trim International, Inc. Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

8. Vested Retirement:

- | | |
|--------------------|--|
| a. Eligibility | 5 Years of Vesting Service. |
| b. Monthly Benefit | Calculated as for Normal Retirement. Participants may elect to receive benefit calculated as for Early Retirement. |

9. Disability Retirement:

- | | |
|--------------------|---|
| a. Eligibility | Total and Permanent Disability. |
| b. Monthly Benefit | Calculated as for Normal Retirement payable immediately without reduction for early commencement. |

10. Pre-Retirement Death:

- | | |
|--------------------|--|
| a. Eligibility | Married and 5 Years of Vesting Service. |
| b. Monthly Benefit | Calculated as for Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after retirement. |

11. Payment Forms:

- | | |
|-------------|---|
| a. Normal | Life annuity for single participants or an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) for married participants. |
| b. Optional | Actuarially Equivalent 100% or 75% Joint & Survivor Annuity (QOSA). |

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Plastic Trim International, Inc. Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

12. Actuarial Equivalency:

a. Other Than Lump Sums

UP 1984 Mortality Table at 6.00%.

b. Lump Sums

2019 IRS Applicable Mortality Table and the 417(e) segment interest rates for the October prior to the Plan Year.

13. Changes Since Last Year:

None.

Schedule SB, Line 32 – Schedule of Amortization Bases

Plan Name: Plastic Trim International, Inc. Hourly Employees Pension Plan

EIN: 26-0208408

PN: 002

<u>Type</u>	<u>Present Value of Remaining Installments</u>	<u>Date Established</u>	<u>Rem. Years</u>	<u>Amortization Installment</u>
Shortfall	\$ 59,807	01/01/2013	1	\$ 59,807
Shortfall	64,433	01/01/2014	2	32,808
Shortfall	47,777	01/01/2015	3	16,514
Shortfall	171,824	01/01/2016	4	45,350
Shortfall	131,849	01/01/2017	5	28,341
Shortfall	266,630	01/01/2018	6	49,168
Shortfall	217,741	01/01/2019	7	35,380
	<u>\$ 960,061</u>			<u>\$ 267,368</u>

Plastic Trim, LLC Hourly Employee's Pension Plan

Financial Statements and Supplemental Schedules

December 31, 2019 and 2018

with Independent Auditors' Report

TABLE OF CONTENTS

Independent Auditors' Report	1 - 2
------------------------------------	-------

Financial Statements:

Statements of Net Assets Available for Benefits.....	3
--	---

Statements of Changes in Net Assets Available for Benefits	4
--	---

Notes to Financial Statements	5 - 10
-------------------------------------	--------

Supplemental Schedules:

Schedule of Assets (Held at End of Year).....	11 - 13
---	---------

Schedule of Reportable Transactions	14
---	----

INDEPENDENT AUDITORS' REPORT

The Plan Administrator and Plan Participants
Plastic Trim, LLC Hourly Employee's Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Plastic Trim, LLC Hourly Employee's Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 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 of assets (held at end of year) as of December 31, 2019 and reportable transactions for the year ended December 31, 2019 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

A handwritten signature in black ink that reads "Clark Schaefer Hackett & Co." in a cursive script.

Springfield, Ohio
August 4, 2020

Plastic Trim, LLC Hourly Employee's Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Assets:		
Investments, at fair value	\$ <u>6,346,873</u>	<u>5,558,496</u>
Receivables:		
Employer contribution	224,478	48,888
Accrued interest	<u>5,565</u>	<u>5,604</u>
	<u>230,043</u>	<u>54,492</u>
Cash - noninterest bearing	<u>5,008</u>	<u>4</u>
Net assets available for benefits	\$ <u><u>6,581,924</u></u>	<u><u>5,612,992</u></u>

See accompanying notes to the financial statements.

Plastic Trim, LLC Hourly Employee's Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Additions:		
Interest and dividend income	\$ 29,908	26,796
Net appreciation (depreciation) in fair value of investments	1,091,898	(421,390)
Employer contributions	<u>323,608</u>	<u>138,078</u>
	<u>1,445,414</u>	<u>(256,516)</u>
Deductions:		
Benefits paid	441,422	435,689
Administrative expenses	<u>35,060</u>	<u>35,061</u>
	<u>476,482</u>	<u>470,750</u>
Net increase (decrease)	968,932	(727,266)
Net assets available for benefits:		
Beginning of year	<u>5,612,992</u>	<u>6,340,258</u>
End of year	\$ <u><u>6,581,924</u></u>	<u><u>5,612,992</u></u>

See accompanying notes to the financial statements.

1. DESCRIPTION OF THE PLAN:

The following brief description of the Plastic Trim, LLC Hourly Employee's Pension Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of Plan provisions.

General

The Plan is a noncontributory, defined benefit pension plan that covers all union hourly employees of Plastic Trim International, Inc. (Company or Employer). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective December 31, 2006 the accruing of benefits was frozen, however the Plan will remain in existence as long as necessary to pay already accrued benefits.

Contributions

The Company contributes amounts as actuarially determined in order to provide assets sufficient to meet the benefits to be paid to Plan members. The Plan has met the ERISA minimum funding requirements for the years ended December 31, 2019 and 2018.

Eligibility

Union employees are eligible to participate in the Plan upon completion of one hour of service with the Company.

Vesting / credited service

One year of vesting service is earned for each Plan year in which a participant completes 1,000 hours of service. Participants vest 100 percent after 5 years of vesting service. One year of credited service is earned for each Plan year in which a participant completes 1,700 hours of service. Partial years are earned for the completion of less than 1,700 hours of service but greater than 500 hours of service.

Pension benefits

Retiring participants are entitled to monthly pension benefits beginning at normal retirement age (65) equal to a set benefit amount multiplied by the participant's years of credited service. Death benefits are available to a participant's beneficiary or surviving spouse, depending upon the participant's eligibility and election. Normal retirement benefits may be reduced to provide death benefits to the spouse or beneficiary. Benefits paid to participants represent payments for monthly retiree benefit payments, and lump sum payments to terminated participants with an accumulated benefit of less than \$5,000.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Administrative expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as administrative expenses in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2018 were (a) mortality rates based on the Pri-2012 Blue Collar Dataset Employee Amount-Weighted Mortality Table for annuitants and non-annuitants (a) retirement age of 65; and (b) rate of return on investments of 7.0%. The foregoing 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.

Subsequent events

The Plan has evaluated subsequent events through August 4, 2020, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE:

The Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fifth Third Bank, the trustee, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2019 and 2018, and the supplemental schedule of assets (held at end of year) as of December 31, 2019; the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018 and the information reflected on the supplemental schedule of reportable transactions for the year ended December 31, 2019.

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

The actuarial present value of accumulated plan benefits at December 31, 2018 is as follows:

Present value of accumulated vested benefits:	
Vested terminated and transfers	\$ 1,648,541
Retirees and beneficiaries	<u>4,201,124</u>
Total accumulated benefits	\$ <u>5,849,665</u>

Changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2018 is as follows:

Beginning balance	\$ 5,826,605
Increase (decrease) attributable to:	
Decrease in discount period	392,871
Assumption changes	(15,246)
Benefits paid	(435,689)
Plan experience and benefit accrual	<u>81,124</u>
Value of accumulated plan benefits	\$ <u>5,849,665</u>

5. FAIR VALUE MEASUREMENTS:

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

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

Level 2: Inputs to the valuation methodology include: Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

<u>Assets at fair value as of December 31, 2019</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest bearing cash	\$ 159,532	-	-	159,532
Common stocks	301,657	-	-	301,657
Mutual funds	5,286,824	-	-	5,286,824
U.S. government securities	-	314,936	-	314,936
Corporate bonds	-	<u>283,924</u>	-	<u>283,924</u>
Total assets at fair value	\$ <u>5,748,013</u>	<u>598,860</u>	<u>-</u>	<u>6,346,873</u>

Assets at fair value as of December 31, 2018

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest bearing cash	\$ 274,265	-	-	274,265
Common stocks	387,388	-	-	387,388
Mutual funds	4,340,106	-	-	4,340,106
U.S. government securities	-	309,712	-	309,712
Corporate bonds	-	<u>247,025</u>	-	<u>247,025</u>
Total assets at fair value	\$ <u>5,001,759</u>	<u>556,737</u>	-	<u>5,558,496</u>

6. PLAN TERMINATION:

While it has not expressed an intent to do so, the Company has the right under the Plan to terminate the Plan subject to provisions set forth in the plan document and ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated: 1) Benefits attributable to employee contributions, taking into account those paid out before termination 2) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination 3) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations. 4) All other vested benefits (that is, vested benefits not insured by the PBGC). 5) All nonvested benefits.

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.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

7. INCOME TAX STATUS:

The Plan obtained its latest determination letter on July 7, 2014, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue code (IRC).

8. RISKS AND UNCERTAINTIES:

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

9. SUBSEQUENT EVENTS:

Subsequent to the date of the financial statements, an outbreak of a novel strain of coronavirus (COVID-19) has disrupted supply chains and affected production and sales across a range of industries. The extent of the impact of COVID-19 on the Plan Sponsor's performance and the Plan's investments will depend on certain developments, including the duration and spread of the outbreak. Impact to the Plan cannot be predicted, and the extent to which COVID-19 may impact the statement of net assets available for benefits is uncertain at this time.

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2019

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Interest bearing cash			
	Federated	Prime value obligations fund	\$ 159,532	159,532
	Common stocks			
	Adidas Ag	35 shares	3,986	5,693
	AIA group ltd	574 shares	7,073	10,372
	Air liquide sa	111 shares	2,356	3,145
	Alfa laval	158 shares	3,001	3,982
	Allianz se	386 shares	7,056	9,463
	Amadeus it group sa	56 shares	4,529	4,576
	Ambev sa	1025 shares	4,747	4,776
	Atlas copco	237 shares	5,517	9,459
	Baidu inc	46 shares	8,917	5,814
	Banco bilbao vizcaya argentina	1499 shares	8,144	6,724
	Canadian national railway co	68 shares	4,850	6,151
	Check point software tech	81 shares	7,626	8,988
	China mobile ltd	101 shares	5,239	4,269
	Chugai pharmaceuticals co ltd adr	32 shares	4,466	5,936
	Dassault systemes sa	39 shares	4,423	6,415
	DBS group holdings ltd	108 shares	6,433	8,314
	Dentsu group inc	84 shares	3,618	2,918
	Diageo plc adr	35 shares	5,537	5,895
	Epiroc aktiebolag adr	301 shares	2,924	3,677
	Fanuc corp	150 shares	2,646	2,806
	Fomento economica mexicano s a	50 shares	4,468	4,725
	Fuchs petrolub	270 shares	3,374	3,346
	HDFC bank ltd	62 shares	2,818	3,929
	HSBC holdings plc	176 shares	6,976	6,880
	Icici bank ltd	359 shares	2,804	5,417
	Infineon technologies ag adr	476 shares	10,032	10,852
	Itau unibanco holdings	378 shares	2,320	3,459
	Komatsu ltd	101 shares	2,750	2,455
	Kubota corp	59 shares	4,552	4,685
	Linde plc com	31 shares	4,997	6,600
	Lonza group	292 shares	4,321	5,544
	L'oreal sa	149 shares	6,123	8,831
	Nestle sa	121 shares	9,596	13,093
	Novozymes A/S ADR	56 shares	2,951	2,742
	Ping an insurance group co china adr	231 shares	5,064	5,461
	PJSC lukoi spomsored adr	56 shares	4,930	5,562
	Rio tinto plc adr	51 shares	3,150	3,027
	Roche holding ag	420 shares	9,680	12,079
	Royal dutch shell plc cl b	223 shares	4,009	4,318
	SAP se	95 shares	9,340	12,729
	Sasol ltd	123 shares	2,519	1,707
	Schlumberger ltd	105 shares	6,699	4,221
	Schneider electric se adr	199 shares	4,064	4,088
	SGS sa adr	116 shares	3,028	3,176
	Sonova holding	100 shares	3,070	4,575
	Symrise	190 shares	3,615	5,001
	Sysmex corp	178 shares	4,220	3,907
	Taiwan semiconductor manufacture	253 shares	8,089	14,699
	Tencent holdings ltd adr	92 shares	4,026	4,435
	Unicharm	436 shares	3,395	2,969
	Unilever plc	69 shares	3,427	3,945
	Yandex nv shs class a	88 shares	2,381	3,827
			<u>255,876</u>	<u>301,657</u>

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2019

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Mutual funds			
	Blackrock FDS II	Strg opp instl	139,946	140,072
	Dodge & Cox	Income fd	147,173	150,086
	Doubleline	Total return bond fund	261,477	261,763
	Eaton Vance	Floating rate 1	111,183	108,606
	Goldman Sachs	ABS return tracker	385,000	386,588
	Harbor	Capital appreciation fund	49,414	60,567
	Hotchkis & Wiley	High yield I	44,473	42,910
	Ishares	Barclays Tips bond fund	55,170	56,443
	Ishares	S & P 500	1,350,928	1,640,120
	Ishares	S & P mid-cap	205,331	230,107
	Ishares	S & P small cap	126,189	136,927
	Ishares	S & P Glob infras index fd	209,604	226,087
	Ishares	MSCI min vol usa etf	113,802	125,427
	Ishares	MSCI usa quality factor etf	225,964	247,854
	Ishares	MSCI usa momentum factor etf	120,534	134,098
	Ishares	MSCI eafe	503,565	503,783
	Ishares	MSCI emk eft	148,001	133,379
	Nicholas	Limited edition I	77,050	79,031
	Nuance	Midcap value fund	27,476	29,478
	Oppenheimer	Developing markets class I	125,883	150,286
	Principal	Midcap blend fund	24,781	31,451
	Seafarer	Overseas growth & income	121,110	122,349
	TCW	Emerging markets income class 1	52,637	56,373
	Vanguard	Real estate	203,209	221,119
	Wells Fargo	Special small cap value	11,466	11,920
			<u>4,841,366</u>	<u>5,286,824</u>
	U.S. government securities			
	U.S. Treasury Note	6.0%, maturing 2/15/26	32,261	31,129
	U.S. Treasury Note	6.625%, maturing 2/15/27	34,129	33,035
	U.S. Treasury Note	5.25%, maturing 2/15/29	32,148	31,989
	U.S. Treasury Note	5.375%, maturing 2/15/31	14,247	13,431
	U.S. Treasury Note	4.50%, maturing 2/15/36	13,681	13,276
	U.S. Treasury Note	3.5%, maturing 2/15/39	11,900	12,004
	U.S. Treasury Note	2.875%, maturing 5/15/43	25,544	27,294
	U.S. Treasury Note	2.75% maturing 2/15/24	26,249	26,077
	U.S. Treasury Note	2.0%, maturing 2/15/25	24,843	25,361
	U.S. Treasury Note	3.5%, maturing 5/15/20	27,614	25,167
	U.S. Treasury Note	2.0%, maturing 2/15/22	25,286	25,213
	U.S. Treasury Note	2.50%, maturing 8/15/23	25,850	25,749
	U.S. Treasury Note	2.25%, maturing 4/30/21	25,769	25,211
			<u>319,521</u>	<u>314,936</u>

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2019

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Corporate bonds			
	Chevron Corp	2.427%, maturing 6/24/20	24,775	25,054
	Walt Disney Co.	1.80%, maturing 6/5/20	24,486	24,997
	General Dynamics Corp	3.75%, maturing 5/15/28	24,665	27,528
	Home Depot, Inc.	3.0%, maturing 4/1/26	25,015	26,167
	Pfizer inc	3.6%, maturing 3/15/24	25,345	25,965
	Philip Morris intl inc	3.60%, maturing 11/15/23	26,251	26,375
	State Str Corp	2.55%, maturing 8/18/20	25,330	25,100
	Target corp	3.625%, maturing 4/15/46	25,801	27,350
	United Parcel Svc Inc	2.05%, maturing 4/1/21	24,379	25,067
	Visa Inc	2.15%, maturing 9/15/22	24,136	25,284
	Wells Fargo & Co	2.1%, maturing 7/26/21	24,428	25,037
			<u>274,611</u>	<u>283,924</u>
			\$ <u>5,850,906</u>	<u>6,346,873</u>

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Reportable Transactions
Year Ended December 31, 2019 and 2018

Schedule H, Line 4j
EIN: 26-0208408
Plan Number: 002

(a) Identity of Party	(b)	(c) Purchase	(d) Selling	(g) Cost of asset	(h) Current Value on Transaction	(i) Net
<u>Category (iii): Series of Transactions in Excess of 5 percent of the Plan Assets</u>						
Goldman Sachs	ABS return tracker (1 purchase)	\$ 385,000	-	385,000	385,000	-
Ishares	Core S&P 500 etf (1 purchase)	494,224	-	494,224	494,224	-
Ishares	Core S&P 500 etf (1 sale)	-	12,122	10,916	12,122	1,206
Primecap	Odyssey funds (1 sale)	-	294,316	286,186	294,316	8,130
Dana	Large cap equity (1 sale)	-	378,505	406,710	378,505	(28,205)
Federated	Government obligations premier (37 purchases)	196,140	-	196,140	196,140	-
Federated	Government obligations premier (25 sales)	-	310,873	310,873	310,873	-

Category (i): Single Transactions in Excess of 5 percent of the Plan Assets

Goldman Sachs	ABS return tracker	385,000	-	385,000	385,000	-
Primecap	Odyssey funds	-	294,316	286,186	294,316	8,130
Dana	Large cap equity	-	378,505	406,710	378,505	(28,205)
Ishares	Core S&P 500 etf	494,224	-	494,224	494,224	-

Note: Reportable transactions are defined in Section 2520.106-6 of the Department of Labor Regulations.
There were no reportable category (ii) or (iv) transactions during the year ended December 31, 2019 or 2018
Columns (e) and (f) were excluded as they were not applicable.

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2019

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Interest bearing cash			
	Federated	Prime value obligations fund	\$ 159,532	159,532
	Common stocks			
	Adidas Ag	35 shares	3,986	5,693
	AIA group ltd	574 shares	7,073	10,372
	Air liquide sa	111 shares	2,356	3,145
	Alfa laval	158 shares	3,001	3,982
	Allianz se	386 shares	7,056	9,463
	Amadeus it group sa	56 shares	4,529	4,576
	Ambev sa	1025 shares	4,747	4,776
	Atlas copco	237 shares	5,517	9,459
	Baidu inc	46 shares	8,917	5,814
	Banco bilbao vizcaya argentina	1499 shares	8,144	6,724
	Canadian national railway co	68 shares	4,850	6,151
	Check point software tech	81 shares	7,626	8,988
	China mobile ltd	101 shares	5,239	4,269
	Chugai pharmaceuticals co ltd adr	32 shares	4,466	5,936
	Dassault systemes sa	39 shares	4,423	6,415
	DBS group holdings ltd	108 shares	6,433	8,314
	Dentsu group inc	84 shares	3,618	2,918
	Diageo plc adr	35 shares	5,537	5,895
	Epiroc aktiebolag adr	301 shares	2,924	3,677
	Fanuc corp	150 shares	2,646	2,806
	Fomento economica mexicano s a	50 shares	4,468	4,725
	Fuchs petrolub	270 shares	3,374	3,346
	HDFC bank ltd	62 shares	2,818	3,929
	HSBC holdings plc	176 shares	6,976	6,880
	Icici bank ltd	359 shares	2,804	5,417
	Infineon technologies ag adr	476 shares	10,032	10,852
	Itau unibanco holdings	378 shares	2,320	3,459
	Komatsu ltd	101 shares	2,750	2,455
	Kubota corp	59 shares	4,552	4,685
	Linde plc com	31 shares	4,997	6,600
	Lonza group	292 shares	4,321	5,544
	L'oreal sa	149 shares	6,123	8,831
	Nestle sa	121 shares	9,596	13,093
	Novozymes A/S ADR	56 shares	2,951	2,742
	Ping an insurance group co china adr	231 shares	5,064	5,461
	PJSC lukoi spomsored adr	56 shares	4,930	5,562
	Rio tinto plc adr	51 shares	3,150	3,027
	Roche holding ag	420 shares	9,680	12,079
	Royal dutch shell plc cl b	223 shares	4,009	4,318
	SAP se	95 shares	9,340	12,729
	Sasol ltd	123 shares	2,519	1,707
	Schlumberger ltd	105 shares	6,699	4,221
	Schneider electric se adr	199 shares	4,064	4,088
	SGS sa adr	116 shares	3,028	3,176
	Sonova holding	100 shares	3,070	4,575
	Symrise	190 shares	3,615	5,001
	Sysmex corp	178 shares	4,220	3,907
	Taiwan semiconductor manufacture	253 shares	8,089	14,699
	Tencent holdings ltd adr	92 shares	4,026	4,435
	Unicharm	436 shares	3,395	2,969
	Unilever plc	69 shares	3,427	3,945
	Yandex nv shs class a	88 shares	2,381	3,827
			<u>255,876</u>	<u>301,657</u>

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2019

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Mutual funds			
	Blackrock FDS II	Strg opp instl	139,946	140,072
	Dodge & Cox	Income fd	147,173	150,086
	Doubleline	Total return bond fund	261,477	261,763
	Eaton Vance	Floating rate 1	111,183	108,606
	Goldman Sachs	ABS return tracker	385,000	386,588
	Harbor	Capital appreciation fund	49,414	60,567
	Hotchkis & Wiley	High yield I	44,473	42,910
	Ishares	Barclays Tips bond fund	55,170	56,443
	Ishares	S & P 500	1,350,928	1,640,120
	Ishares	S & P mid-cap	205,331	230,107
	Ishares	S & P small cap	126,189	136,927
	Ishares	S & P Glob infras index fd	209,604	226,087
	Ishares	MSCI min vol usa etf	113,802	125,427
	Ishares	MSCI usa quality factor etf	225,964	247,854
	Ishares	MSCI usa momentum factor etf	120,534	134,098
	Ishares	MSCI eafe	503,565	503,783
	Ishares	MSCI emk eft	148,001	133,379
	Nicholas	Limited edition I	77,050	79,031
	Nuance	Midcap value fund	27,476	29,478
	Oppenheimer	Developing markets class I	125,883	150,286
	Principal	Midcap blend fund	24,781	31,451
	Seafarer	Overseas growth & income	121,110	122,349
	TCW	Emerging markets income class 1	52,637	56,373
	Vanguard	Real estate	203,209	221,119
	Wells Fargo	Special small cap value	11,466	11,920
			<u>4,841,366</u>	<u>5,286,824</u>
	U.S. government securities			
	U.S. Treasury Note	6.0%, maturing 2/15/26	32,261	31,129
	U.S. Treasury Note	6.625%, maturing 2/15/27	34,129	33,035
	U.S. Treasury Note	5.25%, maturing 2/15/29	32,148	31,989
	U.S. Treasury Note	5.375%, maturing 2/15/31	14,247	13,431
	U.S. Treasury Note	4.50%, maturing 2/15/36	13,681	13,276
	U.S. Treasury Note	3.5%, maturing 2/15/39	11,900	12,004
	U.S. Treasury Note	2.875%, maturing 5/15/43	25,544	27,294
	U.S. Treasury Note	2.75% maturing 2/15/24	26,249	26,077
	U.S. Treasury Note	2.0%, maturing 2/15/25	24,843	25,361
	U.S. Treasury Note	3.5%, maturing 5/15/20	27,614	25,167
	U.S. Treasury Note	2.0%, maturing 2/15/22	25,286	25,213
	U.S. Treasury Note	2.50%, maturing 8/15/23	25,850	25,749
	U.S. Treasury Note	2.25%, maturing 4/30/21	25,769	25,211
			<u>319,521</u>	<u>314,936</u>

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Assets (Held at End of Year)
December 31, 2019

Schedule H, Line 4i
EIN: 26-0208408
Plan Number: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Corporate bonds				
	Chevron Corp	2.427%, maturing 6/24/20	24,775	25,054
	Walt Disney Co.	1.80%, maturing 6/5/20	24,486	24,997
	General Dynamics Corp	3.75%, maturing 5/15/28	24,665	27,528
	Home Depot, Inc.	3.0%, maturing 4/1/26	25,015	26,167
	Pfizer inc	3.6%, maturing 3/15/24	25,345	25,965
	Philip Morris intl inc	3.60%, maturing 11/15/23	26,251	26,375
	State Str Corp	2.55%, maturing 8/18/20	25,330	25,100
	Target corp	3.625%, maturing 4/15/46	25,801	27,350
	United Parcel Svc Inc	2.05%, maturing 4/1/21	24,379	25,067
	Visa Inc	2.15%, maturing 9/15/22	24,136	25,284
	Wells Fargo & Co	2.1%, maturing 7/26/21	24,428	25,037
			<u>274,611</u>	<u>283,924</u>
			\$ <u>5,850,906</u>	<u>6,346,873</u>

Plastic Trim, LLC Hourly Employee's Pension Plan
Schedule of Reportable Transactions
Year Ended December 31, 2019 and 2018

Schedule H, Line 4j
EIN: 26-0208408
Plan Number: 002

(a) Identity of Party	(b)	(c) Purchase	(d) Selling	(g) Cost of asset	(h) Current Value on Transaction	(i) Net
<u>Category (iii): Series of Transactions in Excess of 5 percent of the Plan Assets</u>						
Goldman Sachs	ABS return tracker (1 purchase)	\$ 385,000	-	385,000	385,000	-
Ishares	Core S&P 500 etf (1 purchase)	494,224	-	494,224	494,224	-
Ishares	Core S&P 500 etf (1 sale)	-	12,122	10,916	12,122	1,206
Primecap	Odyssey funds (1 sale)	-	294,316	286,186	294,316	8,130
Dana	Large cap equity (1 sale)	-	378,505	406,710	378,505	(28,205)
Federated	Government obligations premier (37 purchases)	196,140	-	196,140	196,140	-
Federated	Government obligations premier (25 sales)	-	310,873	310,873	310,873	-

Category (i): Single Transactions in Excess of 5 percent of the Plan Assets

Goldman Sachs	ABS return tracker	385,000	-	385,000	385,000	-
Primecap	Odyssey funds	-	294,316	286,186	294,316	8,130
Dana	Large cap equity	-	378,505	406,710	378,505	(28,205)
Ishares	Core S&P 500 etf	494,224	-	494,224	494,224	-

Note: Reportable transactions are defined in Section 2520.106-6 of the Department of Labor Regulations.
There were no reportable category (ii) or (iv) transactions during the year ended December 31, 2019 or 2018
Columns (e) and (f) were excluded as they were not applicable.

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 2019 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information		
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☒		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan Plastic Trim, LLC Hourly Employees Pension Plan	1b	Three-digit plan number (PN) ▶ 002
		1c	Effective date of plan 12/01/1990
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) Plastic Trim International, Inc. 3909 Research Blvd. Dayton OH 45430	2b	Employer Identification Number (EIN) 26-0208408
		2c	Plan Sponsor's telephone number (937) 429-1100
		2d	Business code (see instructions) 336300

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		09/29/2020	Christina Borton
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	Enter name of individual signing as DFE
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130