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 01/01/2019 and ending 12/31/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/01/1985

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)
DECORE-ATIVE SPECIALTIES, INC.

2772 SOUTH PECK RD
MONROVIA, CA 91016

2b Employer Identification Number (EIN) 95-2574629

2c Plan Sponsor's telephone number 626-254-9191

2d Business code (see instructions) 321210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2020	JEFFREY HUGHES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5 Total number of participants at the beginning of the plan year	**5**	944
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	817
a(2) Total number of active participants at the end of the plan year	**6a(2)**	833
b Retired or separated participants receiving benefits	**6b**	31
c Other retired or separated participants entitled to future benefits	**6c**	547
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1411
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	1411
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1396
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	140
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DECORE-ATIVE SPECIALTIES, INC.

D Employer Identification Number (EIN)
95-2574629

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

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	68322	333546-01	161	01/01/2019	12/31/2019

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	3437402
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	2803934
c	Additions: (1) Contributions deposited during the year	7c(1)	233442		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	51085		
	(4) Transferred from separate account	7c(4)	746241		
	(5) Other (specify below)	7c(5)	115103		
	▶ LOAN PAYMENTS, FORFEITURES				
	(6) Total additions			7c(6)	1145871
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	3949805
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	135768		
	(2) Administration charge made by carrier	7e(2)	2718		
	(3) Transferred to separate account	7e(3)	373917		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	512403
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3437402

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DECORE-ATIVE SPECIALTIES, INC.

D Employer Identification Number (EIN)
95-2574629

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

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

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

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

SAGEVIEW ADVISORY GROUP, LLC

1920 MAIN ST STE 800
IRVINE, CA 92614

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	76185	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	58051	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

LUCAS HORSFALL MURPHY & PINDROH LLP

100 E CORSON ST STE 200
PASADENA, CA 91103-3841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	13500	Yes [ ] No [X]	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)

ADVISED ASSETS GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	4789	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DECORE-ATIVE SPECIALTIES, INC.

D Employer Identification Number (EIN)
95-2574629

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1518607	1648761
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	34213714	42992220
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2803933	3437402
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	38536254	48078383
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	38536254	48078383

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	671131	
	(B) Participants	2a(1)(B)	2678976	
	(C) Others (including rollovers)	2a(1)(C)	78051	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3428158
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	86920	
	(F) Other	2b(1)(F)	51085	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		138005
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1131143	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1131143
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6915255
c Other income	2c		682
d Total income. Add all **income** amounts in column (b) and enter total	2d		11613243
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1828004	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1828004
f Corrective distributions (see instructions)	2f		32088
g Certain deemed distributions of participant loans (see instructions)	2g		58497
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	13500	
(2) Contract administrator fees	2i(2)	58051	
(3) Investment advisory and management fees	2i(3)	80974	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		152525
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2071114
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9542129
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: LUCAS,HORSFALL,MURPHY & PINDROH,LLP **(2)** EIN: 95-4659692

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
DECORE-ATIVE SPECIALTIES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DECORE-ATIVE SPECIALTIES, INC.

D Employer Identification Number (EIN)
95-2574629

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** 0

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): 84-1455663

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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_____

Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan

Financial Statements

December 31, 2019

(with Independent Auditor's Report Thereon)

Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan

Financial Statements

December 31, 2019

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INDEPENDENT AUDITOR'S REPORT

The Plan Committee
Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

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

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the 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 4, which was certified or provided by the Great-West Trust Company, LLC, the trustee of the Plan, except for comparing this 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 assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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

Other Matter

The supplemental schedule of Schedule of Assets (Held at End of Year) as of December 31, 2019 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

Lucas, Horsfall, Murphy & Pinkroh, LLP

Pasadena, California
September 23, 2020

Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
ASSETS:		
Investments at fair value	$ 42,992,220	$ 34,213,714
Investment at contract value	3,437,402	2,803,934
Receivables:		
Notes receivable from participants	1,648,761	1,518,607
Employer's contributions	10,072	9,236
Participants' contributions	35,293	39,888
Other employer contributions	-	112,250
Total receivables	1,694,126	1,679,981
Total assets	48,123,748	38,697,629
LIABILITIES:		
Corrective distributions payable	19,961	35,332
Total liabilities	19,961	35,332
NET ASSETS AVAILABLE FOR BENEFITS	$ 48,103,787	$ 38,662,297

See Independent Auditor's Report.
The accompanying notes are an integral part of these financial statements.

Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
For the year ended December 31, 2019

ADDITIONS:	
Investment income:	
Dividends	$ 1,131,142
Interest from guaranteed fund	51,085
Net appreciation in fair value of investments	6,829,990
Total investment income	8,012,217
Other income:	
Interest from participant loans	87,722
Other income - revenue sharing	86,993
Total other income	174,715
Contributions:	
Employer's	645,114
Participants'	2,709,713
Rollovers'	78,051
Total contributions	3,432,878
Total additions	11,619,810
DEDUCTIONS:	
Benefits paid to participants	1,918,842
Corrective distributions	19,961
Professional and investment advisory fees	94,474
Contractor administration fees	145,043
Total deductions	2,178,320
Net increase in net assets	9,441,490
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of Year	38,662,297
End of Year	$ 48,103,787

See Independent Auditor's Report.
The accompanying notes are an integral part of this financial statement.

1. DESCRIPTION OF PLAN

The following brief description of Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan, effective December 1, 1985, under the provisions of Section 401(a) of the Internal Revenue Code (IRC) which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, covering all eligible employees of Decore-Ative Specialties, Inc., Decore-Ative NC, LLC and VClad Laminates, Inc. (the Company). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan provides the following:

Tax deferred retirement savings, 401(k) feature, whereby participants may elect to contribute a portion of their earnings on a pre-tax basis.

Roth deferral feature.

A discretionary employer matching contribution and an additional discretionary employer matching contribution (divisional basis) as determined by the Plan’s administrator.

The Plan was restated on January 1, 2019. The restated Plan document constitutes the entire Plan and trust document.

Eligibility

Eligible employees are employees who have completed at least six months of service and have attained age eighteen. Participation at a rate of 5% (subsequently increasing 1% per year to a maximum of 10%) is provided through an automatic (cancelable) enrollment feature upon meeting eligibility criteria.

Contributions

Participants may contribute a certain amount of their annual compensation as defined in the Plan. Participants who have attained age 50 before the Plan year-end are also eligible to make additional catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may make discretionary employer matching contributions ($.35 per $1.00 of participant salary deferral to a maximum of 5% (1.75%) of compensation, subject to Internal Revenue Service regulation limitations, for the year ended December 31, 2019), and an additional discretionary employer matching contribution applied on a divisional basis ($0 for the year ended December 31, 2019). Discretionary contributions are determined by the Plan’s management. In order to be eligible for additional discretionary employer matching contributions, the participant is required to have worked at least 182 days during the Plan year and be an employee on the last day of the Plan year.

1. DESCRIPTION OF PLAN (Continued)

Participant Accounts

Participants direct the investment of their accounts into various investment funds offered by the Plan. Each participant's account is credited with the participant's contribution, the discretionary employer's matching contribution (allocation previously described), an allocation of the additional discretionary employer's contribution (if applicable), and Plan earnings and expenses. Allocations are based on participant compensation, account balances, or specific participant transactions, as defined. The benefit to which participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are 100% vested in their salary deferral account at all times. Participants are vested in their 401(k) discretionary employer matching account and additional discretionary employer matching account balances in accordance with the following vesting schedule:

Years of Service	Percent Vested
Less than 2 years	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Notes Receivable from Participants

The Plan's management, at its sole discretion, may make loans to participants not to exceed the lesser of $50,000 or 50% of the single sum of the vested accrued benefit of the participant. The loan term is generally not to exceed five years but extended terms may be applicable. Interest rates are determined based upon prevailing business interest rates (Wall Street Journal prime rate plus 1%) when the transaction occurs. As of December 31, 2019, interest rates on participant loans ranged from 4.25% to 6.50%. Other information regarding participant loans is available in the Plan agreement.

Payment of Benefits

Benefits are paid to the participants upon retirement at age 65, death or disability in a lump-sum amount equal to the value of their vested account balance. If employment is terminated for a reason other than retirement, death or disability, participants will be entitled to a distribution of their vested account balance in accordance with the terms of the Plan agreement. The Plan allows for in-service distributions under certain circumstances.

Participants Forfeitures

Forfeitures are available to be used as non-elective and matching contributions and for Plan expenses in accordance with Plan provisions. Forfeitures in the amount of $114,634 were distributed during 2019, and had available balances at December 31, 2019 of $76,025 and at December 31, 2018 of $148,346.

1. DESCRIPTION OF PLAN (Continued)

Corrective Distributions Payable

Excess contributions to the Plan were refunded subsequent to December 31, 2019 and December 31, 2018 in accordance with Internal Revenue Service and ERISA regulations in the amounts of $19,961 and $35,332, respectively.

Plan Amendments

Effective January 1, 2019, the Plan was amended to include the following amendments:

- Eligibility age requirement for all purposes changed from 20 and a half years old to 18 years old.
- Service requirement changed from 12 months to 6 months of service for employer contributions.
- Hours of service crediting method to "Elapsed Time Method" for all purposes.
- Add in-plan Roth transfer option.
- Remove the Rule of Parity for excluded years of service for vesting purposes.
- Automatic enrollment default increased from 4% to 5%.

2. SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES

Method of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for the fully benefit-responsive investment contract, which are reported at contract value. See Note 6). 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. See Note 5 for discussion regarding fair value measurements. Mutual funds of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis, which approximates when interest is received. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Management fees and operating expenses charged to the Plan for investments in the group annuity contract accounts are deducted from income earned on a daily basis and are not separately reflected. Consequently, such management fees and operating expenses are reflected as a reduction of investment return for such investments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES (Continued)

Notes Receivable from Participants

Participant notes receivable are valued at cost which approximates fair value. Loans to participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Administration and Investment Related Expenses

Administration expenses paid by the Plan during 2019 consisted of professional fees in the amount of $13,500, contractor (record keeper) administration fees of $145,043 and third-party investment advisory fees in the amount of $80,974. Such fees are considered by the Plan administrator to be allowable in accordance with the plan document and ERISA regulations as exempt party-in-interest transactions. Refer to Note 8.

Payment of Benefits

Benefits are recorded when paid or upon distribution.

3. PLAN TERMINATION

Although they have not expressed any intention to do so, the Sponsors have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts and all accounts would be distributed in the form and manner determined by the Plan Document.

4. CERTIFICATIONS AND INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, which include investments and notes receivable from participants at December 31, 2019 and 2018, and interest and net appreciation in fair value of investments and interest income from participants for the year ended December 31, 2019, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Great-West Trust Company, LLC, the custodian of the Plan, in accordance with Section 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

5. INVESTMENTS AT FAIR VALUE - FAIR VALUE MEASUREMENT

Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

5. INVESTMENTS AT FAIR VALUE - FAIR VALUE MEASUREMENT (Continued)

Level 1 - Quoted prices are available in active markets for identical investments as of the reporting date. The type of investments in Level 1 include listed equities and other securities held in the name of the Company, and exclude listed equities and other securities held indirectly through commingled funds.

Level 2 - Pricing inputs, including broker quotes, are generally those other than exchange quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or other valuation methodologies.

Level 3 - Pricing inputs are unobservable for the investment and include situations where there is little, if any market activity for the investment. The inputs into the determination of fair value require significant management judgment or estimation. Investments that are included in this category generally include privately held investments and partnership interests.

Mutual funds are carried at fair value using quoted prices in active markets or level one inputs under ASC 820.

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:

	Total	Level 1	Level 2	Level 3
2019:				
Mutual Funds	$ 42,992,220	$ 42,992,220	-	-
2018:				
Mutual Funds	$ 34,213,714	$ 34,213,714	-	-

6. INVESTMENTS AT CONTRACT VALUE - FULLY BENEFIT RESPONSIVE

The Key Guaranteed Portfolio (KGP) fund is a general account product annuity contract offering of the Great-West Life Insurance & Annuity Company (GWLIAC). The Plan’s contract related to the investment is deemed to be fully-benefit responsive. Accordingly, the KGP fund is presented at contract value as the relevant measurement on the statement of net asset available for benefits in accordance with ASU 2015-12. The contract represents contributions made under the contract, plus interest earnings, less withdrawals and administrative expenses. Participants may generally direct the withdrawal or transfer of all or a portion of their investment at contract value.

The KGP fund interest crediting rate methodology is based on the earnings of the underlying assets in the entire portfolio compared to the minimum interest crediting rate of 0%, as stated in the contract. Prevailing market conditions can affect the interest rate which is reset quarterly. The average yield rate earned for the years ended December 31, 2019 and 2018 was 1.20% and 1.10%, respectively.

The KGP fund, which is part of the GWLIAC general account, is invested in corporate fixed maturity investments. Participant principal and interest are guaranteed by the entire general account assets of GWLIAC.

The Plan has reported the KGP fund (fixed account) contract value as contributions plus interest (per crediting interest rate pursuant to the guaranteed rate) less transfers or distributions and fees. Participants

6. INVESTMENTS AT CONTRACT VALUE - FULLY BENEFIT RESPONSIVE (Continued)

can transfer funds from their account balance based on contract value to another Plan investment option at any time without fees or penalties.

The value of the KGP fund investment (including the forfeitures account) was $3,437,402 at December 31, 2019 and $2,803,934 at December 31, 2018 (contract value).

Certain events, such as the premature termination of the contract (investment offering at the Plan level) or investment contracts within the KGP fund or plan amendments or plan termination, could affect the ability of participants to transact at contract value. Under such circumstances a lump-sum payment option at market value or at contract value (which may be deferred to a future date not to exceed 12 months) may be available to the Plan. However, Great-West and the Plan administrator do not consider such events to be likely or probable.

7. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2019 and December 31, 2018:

	2019	2018
Net Assets Available for Benefits Per the Financial Statements	$ 48,103,787	$ 38,662,297
Contributions Receivable	(45,365)	(49,124)
Other Employer Contributions Receivable	-	(112,250)
Corrective Distributions	19,961	35,332
Net Assets Available for Benefits Per the Form 5500	$ 48,078,383	$ 38,536,255

The following is a reconciliation of the changes in net assets available for benefits per the financial statement to Schedule H of Form 5500 for the year ended December 31, 2019:

	2019
Net Increase in Net Assets Available for Benefits Per the Financial Statements	$ 9,441,490
Contributions Receivable 2018	49,124
Contributions Receivable 2019	(45,365)
Corrective Distributions 2018	(35,332)
Corrective Distributions 2019	19,961
Other Employer Contributions 2018	112,250
Net Increase in Net Assets Available for Benefits Per the Form 5500	$ 9,542,128

Great-West Life & Annuity Insurance Company recordkeeper fees of $145,043 is reported on a net basis with revenue sharing earnings of $86,993 on the Form 5500 for reporting purposes.

8. RELATED PARTY TRANSACTIONS AND EXEMPT PARTY IN INTEREST TRANSACTIONS

The Key Guaranteed Portfolio Fund investment option was both provided and managed by Great-West (refer to Note 6) during the years ended December 31, 2019 and 2018. The supplemental schedule of assets held for investment purposes identifies this account to be a party in interest transaction considered to be exempt from prohibited transaction regulations in accordance with ERISA.

During the year ended December 31, 2019, certain mutual funds shared a percentage of the fund investment revenue (ranging from .04% to .99%) with the Plan. The amounts of revenue sharing reduced the return on the related investments otherwise allocable to the participants. Revenue sharing is used to pay professional, investment-advisory, and administrative fees in accordance with Plan provisions. Any excess amount remains in an invested holding account and may be allocated to the accounts of the participants at the discretion of Plan management.

The Plan reported revenue sharing as other income in the amount of $86,993 on the statement of changes in net assets available for benefits which was used during the year to pay fees as described:

Sage View Advisory Group, Investment Advisor	$	76,185
Lucas Horsfall Murphy & Pindroh LLP, Auditor	$	5,000

At December 31, 2019, $5,808 remained in the holding account.

Additionally, a quarterly and fixed fee paid to Great-West, Record keeper was assessed on the investment funds and charged to participant accounts in the amount of $152,757. Various fees are also paid for participant-requested account services. In the aggregate (including revenue sharing), Great-West, Recordkeeper, was paid $74,161 during 2019. Such payments are considered exempt party in interest transactions. Revenue sharing and forfeitures are available for the use of such transactions in accordance with the Plan document. Refer to Note 2.

9. TAX STATUS

The Internal Revenue Services ("IRS") has determined and informed the Company by a letter dated March 14, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the trustees believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability (none recognized) for any uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities available in accordance with the Plan's investment agreement, through participant direction. Due to the inherent risk associated with investment securities, it is possible that changes in the value of investment securities can occur in the near term that could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

11. OTHER EMPLOYER CONTRIBUTIONS - PLAN SPONSOR

During 2017, Plan management determined that bonus compensation was not included in the definition of compensation in accordance with certain Plan documents (adoption agreements) over a prior eight year period. As a result, contributions related to such bonuses were not withheld or remitted having caused missed opportunities for participants to contribute to their accounts. Accordingly, Plan management has estimated that such missed opportunities (employee contributions, matched amounts, and related earnings) total approximately $110,000 to be remitted by the Plan sponsor to the Plan as qualifying non-elective contributions and matched amounts. A submission (letter and support) to the Internal Revenue Service (IRS) related to the voluntary correction of such amounts, occurred in April 2018, and an amount of $112,250 was accrued at December 31, 2018 . In June 2019 the IRS approved management's voluntary correction plan, and an amount of $144,136 was contributed to the Plan by the Plan Sponsor which included additional lost earnings for the year ended December 31, 2019. Contribution for additional earnings amount of $31,886 for the year ended December 31, 2019 was recorded as net appreciation in fair value of investments.

12. SUBSEQUENT EVENTS

In August 2020 the Plan Sponsor closed its Elk Grove, CA division which resulted in a reduction of it's workforce. The Plan will assess whether the reduction in its workforce is considered a partial plan termination. If a partial plan termination occurs, full vesting in the employer contribution is required for the affected participants at the date of the partial plan termination.

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through September 23, 2020, which is the date the financial statements were available to be issued.

Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan
SUPPLEMENTAL SCHEDULE
EIN - 95-2574629, Plan 002
Schedule H, line 4i - Form 5500
Schedule of Assets (Held at End of Year)
December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Key Guaranteed Portfolio Fund	Insurance Company General Account	**	$ 3,437,402
	American Funds Euro Pacific Growth R6	Mutual Fund	**	1,214,949
	Baird Core Plus Bond Inst	Mutual Fund	**	954,046
	Carillon Eagle Small Cap Growth R6	Mutual Fund	**	557,440
	DFA Emerging Markets Core Equity I	Mutual Fund	**	137,207
	Invesco Growth & Income R6	Mutual Fund	**	962,390
	MFS Growth R5	Mutual Fund	**	2,867,859
	MFS New Discovery Value R6	Mutual Fund	**	220,225
	Pimco Real Return Asset Instl	Mutual Fund	**	264,180
	T. Rowe Price Global Technology	Mutual Fund	**	285,865
	Vanguard 500 Index Admiral	Mutual Fund	**	3,370,870
	Vanguard High-Yield Corporate Adm	Mutual Fund	**	524,933
	Vanguard Mid Cap Index Fund	Mutual Fund	**	296,656
	Vanguard Small Cap Index Adm	Mutual Fund	**	138,692
	Vanguard Target Retirement 2015	Mutual Fund	**	273,939
	Vanguard Target Retirement 2020	Mutual Fund	**	3,304,143
	Vanguard Target Retirement 2025	Mutual Fund	**	6,588,118
	Vanguard Target Retirement 2030	Mutual Fund	**	3,248,204
	Vanguard Target Retirement 2035	Mutual Fund	**	8,624,608
	Vanguard Target Retirement 2040	Mutual Fund	**	3,783,995
	Vanguard Target Retirement 2045	Mutual Fund	**	1,371,527
	Vanguard Target Retirement 2050	Mutual Fund	**	966,213
	Vanguard Target Retirement 2055	Mutual Fund	**	434,398
	Vanguard Target Retirement 2060	Mutual Fund	**	291,478
	Vanguard Target Retirement Income	Mutual Fund	**	1,311,386
	MFS Growth R5	Mutual Fund	**	509,315
	Vanguard High Dividend Yield Index Inv ADM	Mutual Fund		489,584
		Total investments		$ 46,429,622
*	Notes receivable from participants	Installment notes with interest rate (4.25% - 6.50%)		$ 1,648,761

*A party-in-interest as defined by ERISA
** Historical cost information is not required for participant-directed investments

See Independent Auditor's Report.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan

01-JAN-19 to 31-DEC-19

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			1,230,171.60	1,311,386.15
1VTXVX			271,164.71	273,939.35
1VTWNX			2,982,728.57	3,304,143.40
1VTTVX			5,676,790.14	6,588,118.25
1VTHRX			2,749,707.46	3,248,204.18
1VTTHX			7,087,991.65	8,624,608.17
1VFORX			3,139,592.06	3,783,995.06
1VTIVX			1,146,689.24	1,371,526.84
1VFIFX			819,386.54	966,212.58
1VFFVX			382,671.93	434,397.52
1VTTSX			265,421.54	291,477.77
1RERGX			1,062,852.70	1,214,949.06
1DFCEX			128,869.92	137,207.20
1PRGTX			263,434.96	285,864.53
1HSRUX			555,851.20	557,440.17
1NDVVX			202,270.18	220,225.06
1VSMAX			119,175.79	138,691.88
1VIMAX			246,975.31	296,656.04
1VEVRX			485,386.25	509,315.48
1GIFFX			1,025,057.86	962,390.27
1MFEKX			1,779,972.65	2,867,858.73
1VFIAX			2,289,463.69	3,370,870.02
1VHYAX			466,066.92	489,584.21
1BCOIX			917,792.90	954,045.72
1PRAIX			253,355.57	264,179.74
1VWEAX			511,947.32	524,932.69
1KGPF		1.200	3,193,005.33	3,361,377.06
			39,253,793.99	**46,353,597.13**
PARTICIPANT LOANS	VARIOUS	4.250-8.750	1,646,469.76	1,648,760.57
FORFEITURES			70,934.61	76,025.29

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 95-2574629

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Decore-Ative Specialties, Inc. 401(k) Profit Sharing Plan

01-JAN-19 to 31-DEC-19

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1VTINX	Vanguard Target Retirement Income Inv	1VTXVX	Vanguard Target Retirement 2015 Inv
1VTWNX	Vanguard Target Retirement 2020 Inv	1VTTVX	Vanguard Target Retirement 2025 Inv
1VTHRX	Vanguard Target Retirement 2030 Inv	1VTTHX	Vanguard Target Retirement 2035 Inv
1VFORX	Vanguard Target Retirement 2040 Inv	1VTIVX	Vanguard Target Retirement 2045 Inv
1VFIFX	Vanguard Target Retirement 2050 Inv	1VFFVX	Vanguard Target Retirement 2055 Inv
1VTTSX	Vanguard Target Retirement 2060 Inv	1RERGX	American Funds EuroPacific Gr R6
1DFCEX	DFA Emerging Markets Core Equity I	1PRGTX	T. Rowe Price Global Technology
1HSRUX	Carillon Eagle Small Cap Growth R6	1NDVVX	MFS New Discovery Value R6
1VSMAX	Vanguard Small Cap Index Adm	1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1VEVRX	Victory Sycamore Established Value R6	1GIFFX	Invesco Growth and Income R6
1MFEKX	MFS Growth R6	1VFIAX	Vanguard 500 Index Admiral
1VHYAX	Vanguard High Dividend Yield Index Adm	1BCOIX	Baird Core Plus Bond Inst
1PRAIX	PIMCO Long-Term Real Return Inst	1VWEAX	Vanguard High-Yield Corporate Adm
1KGPF	Key Guaranteed Portfolio Fund		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year