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. . . . . ▶ [X]

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
AS AMERICA, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 11/01/2007

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)
AS AMERICA, INC.

1 CENTENNIAL AVENUE
PISCATAWAY, NJ 08855

2b Employer Identification Number (EIN) 26-0887443

2c Plan Sponsor's telephone number 732-980-3262

2d Business code (see instructions) 327100

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.	10/07/2020	LENORE ROMMEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2020	EDWARD MANLEY
	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

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**	1150
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)**	24
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	23
b	Retired or separated participants receiving benefits	**6b**	684
c	Other retired or separated participants entitled to future benefits	**6c**	248
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	955
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	178
f	Total. Add lines **6d** and **6e**.	**6f**	1133
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 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)	[ ] Insurance	**(1)**	[ ] 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)** [X] **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)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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
AS AMERICA, INC. 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
AS AMERICA, INC.

D Employer Identification Number (EIN)
26-0887443

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:

a Market value	**2a**	34011968
b Actuarial value	**2b**	34011968

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	850	34230179	34230179
b For terminated vested participants	279	4768898	4768898
c For active participants	24	530401	532575
d Total	1153	39529478	39531652

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**	5.42 %
6 Target normal cost	**6**	601381

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

	10/02/2020
Signature of actuary	Date
JOHN MAGILL	20-07676
Type or print name of actuary	Most recent enrollment number
AON CONSULTING, INC.	203-852-1100
Firm name	Telephone number (including area code)
MERRITT 7 CORPORATE PARK BUILDING 201 NORWALK, CT 06851	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	577388
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	577388
10	Interest on line 9 using prior year's actual return of -7.51 %	0	-43362
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.58 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		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	534026

Part III Funding Percentages

14	Funding target attainment percentage	14	84.68 %
15	Adjusted funding target attainment percentage	15	84.68 %
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	104.25 %
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
09/11/2020	1149975	0			
			Totals ► 18(b)	1149975	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	1051616

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.74 %	5.35 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**	601381
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	6053710	983654
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**	1585035

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	534026	534026

36 Additional cash requirement (line 34 minus line 35)	**36**	1051009
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1051616

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	607
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	607
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
AS AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AS AMERICA, INC.

D Employer Identification Number (EIN)
26-0887443

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VANGUARD

23-1945930

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

WELLS FARGO BANK, N.A.

41-6292499

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

PIMCO

33-0629048

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

DODGE & COX

94-1441976

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

PRUDENTIAL

22-1211670

(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

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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)

JP MORGAN CHASE BANK

13-3408600

(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?
13 50	NONE	137925	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	55366	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO BANK

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	39445	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

KRUGGEL, LAWTON AND COMPANY, LLC

35-1307701

(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 50	NONE	19750	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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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
AS AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AS AMERICA, INC.

D Employer Identification Number (EIN)
26-0887443

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM INVESTMENT FUND N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-6292499-001	C	259421

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
AS AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AS AMERICA, INC.

D Employer Identification Number (EIN)
26-0887443

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	1149975
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	126	13
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	267177	259421
(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)	33744665	38192187
(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	34011968	39601596
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	34011968	39601596

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)	1149975	
	(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)		1149975
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	983629	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		983629
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		478
(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)		7401586
c Other income	2c		34
d Total income. Add all **income** amounts in column (b) and enter total	2d		9535702
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3183645	
(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)		3183645
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)	114561	
(2) Contract administrator fees	2i(2)	137925	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	509943	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		762429
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3946074
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5589628
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: KRUGGEL, LAWTON AND CO. LLC **(2)** EIN: 35-1307701

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		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4247504. (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
AS AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AS AMERICA, INC.

D Employer Identification Number (EIN)
26-0887443

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): 36-3880930

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**

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: 0.0 % Investment-Grade Debt: 100.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 0.0 %

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_____

AS America, Inc. Pension Plan

ANNUAL REPORT
December 31, 2019

KRUGGEL LAWTON CPA

Elkhart, Indiana

AS America, Inc. Pension Plan

Piscataway, New Jersey

ANNUAL REPORT

December 31, 2019

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KRUGGEL LAWTON CPA

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
AS America, Inc. Pension Plan
Piscataway, New Jersey

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the AS America, Inc. Pension Plan, which comprise the statements of net assets available for benefits and statements of accumulated plan benefits as of December 31, 2019 and 2018, the related statements of changes in net assets available for benefits and statements of changes in accumulated plan 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 controls 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 by Wells Fargo Bank, N.A., the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Custodian as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the Custodian 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 - Supplemental Schedules

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2019 and the supplemental Schedule of 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 and are presented for purposes 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 the 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 Custodian, 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.

Respectfully submitted,

Certified Public Accountants

Elkhart, Indiana
October 6, 2020

AS America, Inc. Pension Plan

Piscataway, New Jersey

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments, at fair value	38,451,608	34,011,842
Receivables		
Interest	13	126
Employer contributions	1,149,975	0
Total receivables	1,149,988	126
NET ASSETS AVAILABLE FOR BENEFITS	39,601,596	34,011,968

The Notes to Financial Statements are an integral part of this statement.

AS America, Inc. Pension Plan

Piscataway, New Jersey

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2019 and 2018

	2019	2018
ADDITIONS TO NET ASSETS:		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	7,401,586	(3,846,196)
Dividend and interest income	984,141	958,025
Total investment income (loss)	8,385,727	(2,888,171)
Contributions		
Employer	1,149,975	0
Total additions	9,535,702	(2,888,171)
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	3,183,645	3,249,431
Administrative expenses	762,429	601,401
Total deductions	3,946,074	3,850,832
NET INCREASE (DECREASE)	5,589,628	(6,739,003)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	34,011,968	40,750,971
End of year	39,601,596	34,011,968

The Notes to Financial Statements are an integral part of this statement.

AS America, Inc. Pension Plan

Piscataway, New Jersey

STATEMENTS OF ACCUMULATED PLAN BENEFITS

December 31, 2019 and 2018

	2019	2018
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Vested benefits		
Participants currently receiving payments	38,967,827	38,351,031
Other participants	8,576,614	7,144,120
Total vested benefits	47,544,441	45,495,151
Nonvested benefits	973	2,588
Total actuarial present value of accumulated plan benefits	47,545,414	45,497,739

The Notes to Financial Statements are an integral part of this statement.

AS America, Inc. Pension Plan

Piscataway, New Jersey

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the Years Ended December 31, 2019 and 2018

	2019	2018
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Beginning of year	45,497,739	50,171,186
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Benefits paid	(3,183,645)	(3,249,431)
Increase for interest	1,844,736	1,719,045
Other changes	(279,173)	153,215
Change in actuarial assumptions	3,665,757	(3,296,276)
Net increase (decrease)	2,047,675	(4,673,447)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
End of year	47,545,414	45,497,739

The Notes to Financial Statements are an integral part of this statement.

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the AS America, Inc. Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan, established on October 31, 2007, is a defined benefit pension plan covering all hourly employees covered by the collective bargaining agreements at the following facilities of AS America, Inc. (the "Company" or the "Employer"): the Tiffin, Ohio plant, the Paintsville, Kentucky plants and the Salem, Ohio plant. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Wells Fargo Bank, N.A. ("Wells Fargo") serves as Custodian of the Plan's assets. Effective January 1, 2010, the following Plans have been merged into the AS America, Inc. Pension Plan: a) Crane Plumbing, LLC Non-Bargaining Employees' Retirement Plan; b) Crane Plumbing, LLC Retirement Plan; and c) Crane Plumbing, LLC Bargaining Employees' (Texas) Retirement Plan.

ELIGIBILITY

AS America, Inc. - Effective May 5, 2007, future eligibility and future benefit accruals for the Salem, Ohio employees were frozen. Each participant who has satisfied the eligibility requirement as of May 5, 2007 shall continue to be a participant in the Plan subject to the terms and conditions of the Plan. Both the Tiffin, Ohio plant and the Paintsville, Kentucky plant locations were closed on December 21, 2007 and October 31, 2008, respectively.

Former Crane Plumbing, LLC Retirement Plan - Effective July 1, 2006, the Crane Plumbing, LLC Retirement Plan (Retirement Plan) was frozen for new plan participation and future benefit accruals for the Nevada, Missouri location participants included in the Plan. Effective February 1, 2008, the Retirement Plan was frozen for new plan participation and future benefit accruals for the Mansfield, Ohio location participants included in the Retirement Plan. Both the Ferguson, Kentucky and Somerset, Pennsylvania locations were closed on February 15, 2006 and September 23, 2005, respectively. The Nevada, Missouri location was closed on June 30, 2015.

Former Crane Plumbing, LLC Non-Bargaining Employees' Retirement Plan - Effective May 31, 2004, the Non-Bargaining Employees' Retirement Plan benefits were frozen and there are to be no new entrants to the Plan and no more benefits will accrue.

Former Crane Plumbing, LLC Bargaining Employees' (Texas) Retirement Plan - Effective August 1, 2005, the Crane Plumbing, LLC Bargaining Employees' (Texas) Retirement Plan was frozen for future eligibility and future benefit accruals.

FUNDING POLICY

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2019 and 2018, the Company made contributions of $1,149,975 and $0, respectively. The Company's contributions for 2019 and 2018 met or exceeded the minimum funding requirements of ERISA.

PENSION BENEFITS

AS America, Inc. - For eligible employees of the Tiffin, Ohio and Paintsville, Kentucky plants, upon normal retirement at age 65, participants are entitled to receive a monthly benefit based on years of service and average monthly earnings. For eligible employees of the Salem, Ohio plant, benefits are based on the benefits earned at May 5, 2007 when all benefits were frozen.

Former Crane Plumbing, LLC Retirement Plan - Upon normal retirement at age 65, participants are entitled to receive a monthly benefit based on years of service. Participants receive between $15.00 and $24.00 per month for every year of service, with the maximum of 35 years of service.

Former Crane Plumbing, LLC Non-Bargaining Employees' Retirement Plan - Upon normal retirement at age 65, participants are entitled to receive a monthly benefit equal to the following formula: the sum of (1) participants' monthly accrued benefit determined under the terms of the Crane Plumbing, LLC Non-Bargaining Employees' Retirement Plan on December 31, 1988 and (2) for each plan year beginning on or after January 1, 1989, an amount equal to one and one quarter of one percent (1.25%) of his or her average monthly compensation for such plan year.

Former Crane Plumbing, LLC Bargaining Employees' (Texas) Retirement Plan - Upon normal retirement at age 65, participants are entitled to receive a monthly benefit based on years of service. Participants receive between $14.00 and $25.00 per month for every year of service.

RETIREMENT AND DEATH BENEFITS

A participant may elect to have the retirement benefit paid in accordance with any one of the optional methods of payment under the Plan, which are as follows: a) a straight-life annuity for the lifetime of the participant without death benefits; b) a life annuity with a period certain (5, 10 or 20 years) for the lifetime of the participant, and if the death of the participant occurs prior to the end of the period certain, the balance of the remaining period certain are paid to the named beneficiary; and c) a survivorship annuity for the lifetime of the participant and, upon death, a survivorship percentage of either 50%, 66 2/3%, 75% or 100% of such annuity for the lifetime of the named beneficiary.

A participant may elect to receive early retirement benefits at the completion of 10 years of vesting service and attainment of age 55. The amount of early retirement benefit is determined using the participant's accrued benefit at the normal retirement date reduced by a percentage for each year the early retirement date precedes the participant's normal retirement date.

If a vested participant dies before pension benefits have commenced, the participant’s beneficiary shall receive a percentage of the monthly retirement benefit which would have been received if the participant had retired on the day coinciding with the date of his or her death with a qualified joint survivor pension.

VESTING

Participants are fully vested after five years of credited service. Participants who attain the age of 65 or meet the requirements for early retirement become fully vested as well. Vesting service is determined on an elapsed time basis.

INVESTMENT MANAGEMENT EXPENSES

Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method of accounting.

ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator 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. Accordingly, actual results could differ from those estimates. The actuarial present value of accumulated plan benefits is particularly subject to change in the near term.

INVESTMENT VALUATION AND INCOME RECOGNITION

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 9 for discussion of fair value measurements.

Purchases and sales of the investments within the Plan are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis. 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

Benefits are recorded when paid.

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 deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

NOTE 3 - 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. The accumulated plan benefits for

active employees are based on their accrued benefits as of the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances, such as retirement, death and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's 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 death, withdrawal or retirement) between the valuation date and the expected date of payment.

The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in determining the actuarial present value of accumulated plan benefits at December 31, 2019 and 2018 are as follows:

A. Assumed interest rate upon benefit settlement: 3.09% and 4.20% for 2019 and 2018, respectively

B. Average retirement age: Age 65 except for participants from the former Crane Plumbing, LLC. Non-Bargaining Employees' Retirement Plan:

Age	Rate
55	5 %
56-59	3 %
60	5 %
61	3 %
62	7 %
63-64	3 %
65	100 %

C. Mortality:
Pre- and post-retirement — 2019: Pri-2012 Generational with Scape MP-2019
2018: RP-2014 Generational with Scale MP-2017

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 4 - INVESTMENTS (UNAUDITED)

Wells Fargo Bank, N.A., ("Custodian"), held the Plan's investments and executed transactions during the plan years. In accordance with the method of compliance permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator has obtained certifications from the Custodian with respect to the completeness and accuracy of the investment information prepared and provided by the Custodian. This investment information, which is included in the accompanying December 31, 2019 and 2018 financial statements and supplementary schedules is based on information provided by the Custodian and has not been audited by the independent auditors of the Plan.

NOTE 5 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer, and certain others. The Plan utilizes a collective trust fund managed by the Custodian of the Plan as a sweep account, and therefore, these transactions qualify as a party-in-interest transaction. Certain professional fees for the administration and audit of the Plan were paid by the Company. The Plan paid administrative fees to the JP Morgan Chase Bank - the Custodian, Aon Hewitt - the actuary and Kruggel, Lawton & Company, LLC - the auditor of the Plan, in the amount of $252,511 and $302,195 for the years ended December 31, 2019 and 2018, respectively, which qualify as party-in-interest transactions.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (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 benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

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

NOTE 7 - TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated August 11, 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, Plan management believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, plan management believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, no uncertain positions are taken or are 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.

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820-10 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 the following:

- 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's 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.

- *Mutual Funds.* Valued at the published daily net asset value ("NAV") of shares held by the Plan. The mutual funds held by the Plan are deemed to be actively traded.

- *Common Collective Trust Fund.* Valued at the NAV of units of a bank collective trust. The NAV is used as a practical expedient to estimate fair value. The fair values of participation units held in the collective trust are based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices (level 2 inputs). The collective trust provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement. Certain events may limit the ability of the Plan to transact at NAV with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (3) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limt the Plan's ability to transact at NAV with participants are probable of occurring.

  The investment objective of the collective trust is to maintain a constant net asset value of $1 per unit by investing in BlackRock Short-Term Investment Fund A5. However, there is no guarantee the fund will maintain a net asset value of $1 per unit. The collective trust provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

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

The following tables set forth by level within the fair value hierarchy the Plan's assets at fair value as of December 31, 2019 and 2018.

Investment Assets at Fair Value as of December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual funds	38,192,187	0	0	38,192,187
Total assets in the fair value hierarchy	38,192,187	0	0	38,192,187
Investments measured at net asset value *	0	0	0	259,421
Total investment assets at fair value	38,192,187	0	0	38,451,608

Investment Assets at Fair Value as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Mutual funds	33,744,665	0	0	33,744,665
Total assets in the fair value hierarchy	33,744,665	0	0	33,744,665
Investments measured at net asset value *	0	0	0	267,177
Total investment assets at fair value	33,744,665	0	0	34,011,842

*In accordance with FASB Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2019 and 2018. There are no participant redemption restrictions for these investments. The redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
December 31, 2019:				
Common Collective Trust Fund	259,421	N/A	Daily	None
December 31, 2018:				
Common Collective Trust Fund	267,177	N/A	Daily	None

NOTE 10 - SUBSEQUENT EVENTS

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the "COVID-19 outbreak") and the risks to the international community as the virus spreads blobally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

Although the Company cannot estimate the length or gravity of the impact of the COVID-19 outbreak at this time, if the pandemic continues, it may have an adverse effect on the future contributions to the Plan as well as the fair market value of investments held by the Plan for fiscal year 2020.

The Company has evaluated subsequent events through the date the financial statements were available to be issued. Except as noted above, no events or transactions occurred through October 6, 2020 requiring recognition or disclosure in the financial statements.

AS America, Inc. Pension Plan

Piscataway, New Jersey

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2019

Name of Plan Sponsor:	AS America, Inc.
Employer Identification Number:	26-0887443
Three Digit Plan Number:	002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
		Mutual Funds:		
	Prudential	Jennison Small Company Fund Q	4,082,131	3,802,158
	PIMCO	Long Duration Total Return Fund	12,134,728	11,792,530
	Dodge & Cox	International Stock Fund	7,035,871	7,558,815
	Vanguard Investments	Institutional Index Fund	8,425,454	15,038,684
		Common Collective Trust Fund:		
*	Wells Fargo Bank, N.A.	Short Term Investment Fund N	259,421	259,421
	Total			38,451,608

* Denotes party-in-interest

AS America, Inc. Pension Plan

Piscataway, New Jersey

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2019

Name of Plan Sponsor: AS America, Inc.
Employer Identification Number: 26-0887443
Three Digit Plan Number: 002

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Included w/ Transactions	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain (Loss)
Category (iii): A series of transactions in excess of 5% of the current value of Plan Assets:								
Wells Fargo Bank	Short Term Investment Fund N	3,129,417	-	-	-	3,129,417	3,129,417	-
		-	3,137,173	-	-	3,137,173	3,137,173	-
Vanguard Investments	Institutional Index Fund	1,193,983	-	-	-	1,193,983	1,193,983	-
		-	2,960,315	-	-	1,747,281	2,960,315	1,213,034
PIMCO	Long Duration Total Return Fund	3,490,833	-	-	-	3,490,833	3,490,833	-
		-	2,856,579	-	-	2,777,629	2,856,579	78,950
Dodge & Cox	International Stock Fund	1,272,025	-	-	-	1,272,025	1,272,025	-
		-	1,696,851	-	-	1,655,408	1,696,851	41,443

Schedule SB Attachment (Form 5500)—2019 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2019

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					1					
40-44					3					
45-49					2					
50-54						2	1			
55-59				1	1	2	4	1	1	
60-64						1			2	1
65-69							1			
70+										

N-24

Schedule SB Attachment (Form 5500)—2019 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor.
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2018), without regard to interest rate stabilization.
1st Segment Rate	2.28%
2nd Segment Rate	3.81%
3rd Segment Rate	4.46%
Optional Payment Form Election Percentage	It is assumed that all participants (not already in payment status) elect Normal Form of Payment.
Retirement Age	
Active Participants (legacy Ferguson/Nevada)	Later of age 65 or five years of vesting service.
Active Participants (legacy Non-Bargaining)	See Table 1.
Terminated Vested Participants	Age 65.
Mortality Rates	
Healthy and Disabled	2019 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice 2018-02.
Withdrawal Rates	See Tables 2–3.
Disability Rates	See Table 4.
Decrement Timing	Middle of year decrements with 100% retirement occurring at the beginning of the year.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $225,000.

Schedule SB Attachment (Form 5500)—2019 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Valuation of Plan Assets	Fair market value.
Trust Expenses Included in Target Normal Cost	Equal to prior year actual administration expenses paid from Trust.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2019.

Table 1

Legacy Non-Bargaining Plan
Retirement Rates

Age	Rate
55	5%
56–59	3%
60	5%
61	3%
62	7%
63–64	3%
65	100%

Table 2

Legacy Ferguson/Nevada Plan
Termination Rates

Age	Rate
20	10.0%
25	8.6%
30	7.1%
35	5.7%
40	4.3%
45	2.9%
50	1.4%
55	0.0%

Table 3

Legacy Non-Bargaining Plan
Termination Rates

Age	Rate
25	9.7%
30	9.3%
35	8.7%
40	7.8%
45	6.4%
50	4.2%
55	1.5%
60	0.1%

Table 4

Disability Rates

Age	Rate	Age	Rate
15	0.097%	45	0.361%
16	0.097%	46	0.361%
17	0.097%	47	0.361%
18	0.097%	48	0.361%
19	0.097%	49	0.361%
20	0.097%	50	0.626%
21	0.097%	51	0.626%
22	0.097%	52	0.626%
23	0.097%	53	0.626%
24	0.097%	54	0.626%
25	0.097%	55	1.063%
26	0.097%	56	1.063%
27	0.097%	57	1.063%
28	0.097%	58	1.063%
29	0.097%	59	1.063%
30	0.097%	60+	1.505%
31	0.097%		
32	0.097%		
33	0.097%		
34	0.097%		
35	0.097%		
36	0.097%		
37	0.097%		
38	0.097%		
39	0.097%		
40	0.202%		
41	0.202%		
42	0.202%		
43	0.202%		
44	0.202%		

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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.)
- ☒ 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
AS AMERICA, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 11/01/2007

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)

AS AMERICA, INC.

1 CENTENNIAL AVENUE

PISCATAWAY NJ 08855

2b Employer Identification Number (EIN) 26-0887443

2c Plan Sponsor's telephone number 732-980-3262

2d Business code (see instructions) 327100

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	Lenore Rommel	10/07/2020	LENORE ROMMEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	DocuSigned by: Ed Manley 71D67CC982FA488...	10/07/2020	EDWARD MANLEY
	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**	1,150
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)**	24
a(2) Total number of active participants at the end of the plan year	**6a(2)**	23
b Retired or separated participants receiving benefits	**6b**	684
c Other retired or separated participants entitled to future benefits	**6c**	248
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	955
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	178
f Total. Add lines **6d** and **6e**	**6f**	1,133
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 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)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	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)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[X]	**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)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[X]	**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_____

Plan Name	**AS AMERICA, INC. PENSION PLAN**
Plan Sponsor EIN	**26-0887443**
ERISA Plan No.	**002**
Plan Year End	**12/31/2019**

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

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
AS AMERICA, INC. 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
AS AMERICA, INC.

D Employer Identification Number (EIN)
26-0887443

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:

a Market value	**2a**	34,011,968
b Actuarial value	**2b**	34,011,968

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	850	34,230,179	34,230,179
b For terminated vested participants	279	4,768,898	4,768,898
c For active participants	24	530,401	532,575
d Total	1,153	39,529,478	39,531,652

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**	5.42%
6 Target normal cost	**6**	601,381

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 JOHN MAGILL JM — 10/02/2020

Signature of actuary — Date

JOHN MAGILL — 2007676

Type or print name of actuary — Most recent enrollment number

AON CONSULTING, INC. — 203-852-1100

Firm name — Telephone number (including area code)

MERRITT 7 CORPORATE PARK
BUILDING 201
NORWALK CT 06851

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	577,388
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	577,388
10	Interest on line 9 using prior year's actual return of -7.51%	0	-43,362
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.58%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		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	534,026

Part III Funding Percentages

14	Funding target attainment percentage	**14**	84.68%
15	Adjusted funding target attainment percentage	**15**	84.68%
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**	104.25%
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
09/11/2020	1,149,975	0			
		Totals ► 18(b)	1,149,975	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**	1,051,616

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] 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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	3.74 %	5.35 %	6.11%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**	601,381
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	6,053,710	983,654
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**	1,585,035

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	534,026	534,026

36 Additional cash requirement (line 34 minus line 35)	**36**	1,051,009
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,051,616

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	607
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	607
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 Attachment (Form 5500)—2019 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2019

Date	Amount	Days to Discount to 1/1/2019 at 5.42%	Interest Adjusted Contribution
September 11, 2020	$ 1,149,975	619	$ 1,051,616
Total Contribution	$ 1,149,975		$ 1,051,616

Schedule SB Attachment (Form 5500)—2019 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

	Legacy Non-Bargaining				Legacy Ferguson Nevada Plan		
(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)	(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78	55	N/A	N/A	N/A
56.5	3.00%	0.9500	1.61	56	N/A	N/A	N/A
57.5	3.00%	0.9215	1.59	57	N/A	N/A	N/A
58.5	3.00%	0.8939	1.57	58	N/A	N/A	N/A
59.5	3.00%	0.8670	1.55	59	N/A	N/A	N/A
60.5	5.00%	0.8410	2.54	60	N/A	N/A	N/A
61.5	3.00%	0.7990	1.47	61	N/A	N/A	N/A
62.5	7.00%	0.7750	3.39	62	N/A	N/A	N/A
63.5	3.00%	0.7208	1.37	63	N/A	N/A	N/A
64.5	3.00%	0.6991	1.35	64	N/A	N/A	N/A
65	100.00%	0.6782	44.08	65	100%	100%	65
		Weighted Average	63.30			Weighted Average	65
Number of Participants for Weighting			15	Number of Participants for Weighting			9
Overall Weighted Average Age :			**63.9**				

Schedule SB Attachment (Form 5500)—2019 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor.
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2018), without regard to interest rate stabilization.
1st Segment Rate	2.28%
2nd Segment Rate	3.81%
3rd Segment Rate	4.46%
Optional Payment Form Election Percentage	It is assumed that all participants (not already in payment status) elect Normal Form of Payment.
Retirement Age	
Active Participants (legacy Ferguson/Nevada)	Later of age 65 or five years of vesting service.
Active Participants (legacy Non-Bargaining)	See Table 1.
Terminated Vested Participants	Age 65.
Mortality Rates	
Healthy and Disabled	2019 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice 2018-02.
Withdrawal Rates	See Tables 2–3.
Disability Rates	See Table 4.
Decrement Timing	Middle of year decrements with 100% retirement occurring at the beginning of the year.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $225,000.

Schedule SB Attachment (Form 5500)—2019 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Valuation of Plan Assets	Fair market value.
Trust Expenses Included in Target Normal Cost	Equal to prior year actual administration expenses paid from Trust.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2019.

Table 1

Legacy Non-Bargaining Plan
Retirement Rates

Age	Rate
55	5%
56–59	3%
60	5%
61	3%
62	7%
63–64	3%
65	100%

Table 2

Legacy Ferguson/Nevada Plan
Termination Rates

Age	Rate
20	10.0%
25	8.6%
30	7.1%
35	5.7%
40	4.3%
45	2.9%
50	1.4%
55	0.0%

Table 3

Legacy Non-Bargaining Plan
Termination Rates

Age	Rate
25	9.7%
30	9.3%
35	8.7%
40	7.8%
45	6.4%
50	4.2%
55	1.5%
60	0.1%

Table 4

Disability Rates

Age	Rate	Age	Rate
15	0.097%	45	0.361%
16	0.097%	46	0.361%
17	0.097%	47	0.361%
18	0.097%	48	0.361%
19	0.097%	49	0.361%
20	0.097%	50	0.626%
21	0.097%	51	0.626%
22	0.097%	52	0.626%
23	0.097%	53	0.626%
24	0.097%	54	0.626%
25	0.097%	55	1.063%
26	0.097%	56	1.063%
27	0.097%	57	1.063%
28	0.097%	58	1.063%
29	0.097%	59	1.063%
30	0.097%	60+	1.505%
31	0.097%		
32	0.097%		
33	0.097%		
34	0.097%		
35	0.097%		
36	0.097%		
37	0.097%		
38	0.097%		
39	0.097%		
40	0.202%		
41	0.202%		
42	0.202%		
43	0.202%		
44	0.202%		

Schedule SB Attachment (Form 5500)—2019 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

On December 31, 2009 the AS America, Inc. Hourly Employees Pension Plan ("AS Hourly Plan"), the Crane Plumbing, L.L.C. Ferguson/Nevada Retirement Plan ("Ferguson/Nevada Plan"), the Crane Plumbing, L.L.C. Bargaining Employees' (Texas) Pension Plan ("Texas Plan"), and the Crane Plumbing, L.L.C. Non-Bargaining Employees' Retirement Plan ("Non-Bargaining Plan") merged, forming the AS America, Inc. Pension Plan. This section summarizes the plan provisions of each legacy plan.

Overview of Legacy Plans

Legacy Plan	Plant	Eligibility Freeze Date	Benefit Accrual Freeze Date	Remaining Active Participants
AS Hourly Plan	Tiffin	May 5, 2007	N/A	0
	Paintsville	N/A	N/A	0
	Salem[1]	N/A	N/A	50
Ferguson/Nevada Plan	Ferguson	N/A	N/A	0
	Nevada	July 1, 2006	July 1, 2006	0
	Artesian	February 1, 2008	February 1, 2008	9
	Somerset	N/A	N/A	0
Texas Plan	Hearne	August 1, 2005	August 1, 2005	0
Non-Bargaining Plan	Ferguson	June 1, 2004	June 1, 2004	0
	Nevada	June 1, 2004	June 1, 2004	0
	Artesian	June 1, 2004	June 1, 2004	12
	Somerset	June 1, 2004	June 1, 2004	3

[1] Salem participants only benefit upon plant shutdown.

Summary of Plan Provisions (Legacy AS Hourly Plan)

Participation	Immediate entry for all hourly employees covered by the collective bargaining agreement and employed prior to May 5, 2007. Currently, there are no active participants at the Paintsville or Tiffin locations.
Benefit Service	Paintsville and Tiffin Participants: (a) Employment with the company on or after October 31, 2007; or (b) Employment with a specified employer on or after October 31, 2007, if such employment is designated by the company as being in its interest, but only for the period covered by such designation. Salem Participants: None.
Eligibility for Benefits	
Normal	Age 65.
Unreduced Early	Age 62 with 10 years of service or age 58 with 30 years of service (Paintsville and Tiffin participants only). Those who meet the rule of 75/80 upon a plant shutdown (all participants).
Reduced Early	Age 55 with 10 years of service (Paintsville and Tiffin participants only).
Postponed	Actual retirement subsequent to normal retirement eligibility.
Vested	Five years of service.
Amount of Benefits	
Normal	Tiffin Participants: $3.00 x Months of Benefit Service. Paintsville Participants: $2.50 x Months of Benefit Service. Salem Participants: No Normal Retirement Benefit.

Amount of Benefits (continued)	
Unreduced Early	Tiffin: AS Hourly Accrued Benefit + American Standard Normal Retirement Benefit x 1/3 x 1% x Months until Age 65. Paintsville: AS Hourly Accrued Benefit + American Standard Normal Retirement Benefit x 1/4 x 1% x Months until Age 65. Salem (only upon plant closure): American Standard Normal Retirement Benefit x 1/2 x 1% x Months until Age 65. The American Standard Normal Retirement Benefit is the normal retirement benefit calculated as of October 31, 2007, under the prior American Standard Pension Plan. These benefit amounts are listed by participant in the appendix of the AS America, Inc. Pension Plan document.
Reduced Early	Tiffin: AS Hourly Accrued Benefit x 1/3 x 1% x Months until Age 65. Paintsville: AS Hourly Accrued Benefit x 1/4 x 1% x Months until Age 65. Salem: No Reduced Early Retirement Benefit.
Postponed	Calculated in the same manner as the normal retirement benefit continuing to credit service through the postponed retirement date. If a participant's retirement date is after the calendar year in which he/she attains age 70½, his/her accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he/she was not receiving any benefit under the plan.
Vested	Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.
Disability	The difference between the American Standard Accrued Benefit and the American Standard Disability Benefit. In addition, Tiffin and Paintsville participants receive the greater of the AS Hourly Accrued Benefit and $225.
Death	50% of the participant's AS Hourly Accrued Benefit. No death benefit for Salem participants.
Normal Form of Payment	Single life annuity.

Optional Forms of Payment	50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 50%, 75%, or 100% joint and survivor pop-up annuity; 5, 10, or 20-year certain and life annuity; Level income option.
Optional Form Factors	For annuities, conversions use the 1983 Group Annuity Mortality table projected to 1988 with Scale H, for males and an interest rate of 7.50%. For lump sums and level income option, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Summary of Plan Provisions (Legacy Ferguson/Nevada Plan)

Participation	Earliest date that an employee becomes an Eligible Employee. "Eligible Employee" is any employee of the company (i) who is employed at Ferguson or Nevada Ceramics Plant and whose employment is governed by a collective bargaining agreement with the Glass, Molders, Pottery, Plastics & Allied Workers International Union, AFL-CIO, CLC and its local Union No. 334 or its Local Union 372; (ii) whose employment is governed by a collective bargaining agreement with the International Union of Electronic and Electrical Salaried Machine and Furniture workers, AFL-CIO, and its Local Union No. 719-Mansfield, Ohio; or (iii) effective April 1, 1998, employees whose employment is governed by a collective bargaining agreement with the Glass, Molders, Pottery, Plastics & Allied Workers International Union, AFL-CIO, CLC and its Local Union No. 313 (Somerset, Pennsylvania). "Eligible Employee" shall also include employees previously covered under the Ferguson Salaried Bargaining Agreement.
Accrual Service	Total of an employee's periods of service expressed as whole years and fractional parts of a year on the basis that 365 days equals one year. Rounded to four decimal places.
Eligibility for Benefits	
Normal	Later of age 65 or the fifth anniversary of the date of participation. Age 65 for employees of Artesian Limited Partnership hired prior to August 18, 1992 and at least 60 on August 18, 1992. Age 65 for employees of Somerset Limited Partnership hired prior to April 1, 1998 and at least 60 on April 1, 1998.
Early	Age 60 and vested.
Postponed	Actual retirement subsequent to normal retirement eligibility.
Vested	Five years of service.
Disability	10 years of service.

Amount of Benefits

Normal

Payable as a single life annuity equal to the product of (a) and (b) below:

(a) An amount equal to:

For Ferguson/Nevada Employees	
Prior to January 1, 1990	15.00
On or after February 1, 1990	16.00
On or after February 1, 1991	17.00
On or after February 1, 1992	17.50
On or after February 1, 1993	18.00
On or after February 1, 1994	18.50
On or after February 1, 1995	19.50
On or after February 1, 1996	20.50
On or after February 1, 1997	21.50
On or after January 31, 2001	22.00
On or after February 1, 2002	22.50
On or after February 1, 2003	23.00
On or after February 1, 2004	23.50
On or after February 1, 2005	24.00

For Artesian Employees	
On or after August 18, 1992	16.00
On or after January 1, 1996	16.50
On or after January 1, 1997	17.00
On or after January 1, 1998	17.50

For Somerset Employees	
Prior to April 1, 2001	19.50
On or after April 1, 2001	20.50
On or after April 1, 2002	21.00
On or after April 1, 2003	21.50
On or after April 1, 2004	22.00
On or after April 1, 2005	22.50

(b) Participant's accrual service at retirement not to exceed 35 years for Ferguson, Nevada, and Artesian employees. Service was frozen July 1, 2006 for Nevada employees and February 1, 2008 for Artesian employees.

Amount of Benefits (continued)

Early

Equal to the accrued benefit at normal retirement multiplied by the factor shown below:

Number of Years Early Retirement Precedes Normal Retirement	Early Retirement Factor
1	.9333
2	.8667
3	.8000
4	.7333
5	.6667

Postponed

Calculated in the same manner as the normal retirement benefit continuing to credit average monthly compensation through the postponed retirement date. If a participant's retirement date is after the calendar year in which he attains age 70½, his accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he was not receiving any benefit under the plan.

Vested

Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.

Disability

Accrued benefit payable beginning the date of disability and continuing through the earlier of participant's date of retirement, date of death, or death participant is no longer totally and permanently disabled.

Death

50% of the benefit the participant would have been entitled to receive if he had terminated on the date of his death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he would have first been eligible to receive a retirement benefit had he lived to that date.

Benefit commences on the later of participant's death or the participant's attainment of early retirement age and continues for the remaining lifetime of the surviving spouse.

Participant must be vested at the time of his death and continuously married for the one-year period ending on the date of death.

Normal Form of Payment	(a) Unmarried participants—single life annuity. (b) Married participants—joint and 50% survivor annuity actuarially equivalent to single life annuity. (c) Lumps sums less than $5,000 are paid automatically to participants. Lumps sums greater than $5,000 are not payable.
Optional Forms of Payment	50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 5, 10, or 15-year certain and life annuity.
Optional Form Factors	For annuities, conversions use the UP-1984 Unisex Mortality table and an interest rate of 7.50%. For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Summary of Plan Provisions (Legacy Texas Plan)

Participation	Completion of one year of service. An employee is eligible if he/she is represented by Glass, Pottery, Plastics and Allied Workers at Hearne, Texas. No employee can become a participant after August 1, 2005.
Accrual Service	Credited from date of hire on the basis 365 days equals one year. No service is accrued after August 1, 2005.
Vesting Service	Credited only after November 1, 1985 on the basis 365 days equals one year.
Eligibility for Benefits	
Normal	Later of age 65 or the fifth anniversary of the date of participation.
Early	Age 55 with 10 years of service.
Postponed	Actual retirement subsequent to normal retirement eligibility.
Vested	Five years of vesting service.
Disability	There are no disability benefits under this plan.
Amount of Benefits	
Normal	Payable as a single life annuity equal to the product of (a) and (b) below: (a) An amount equal to: $18.75 on or after May 1, 1996, but before May 2, 1997 $21.50 on or after May 2, 1997, but before May 1, 1998 $22.00 on or after May 1, 1998, but before May 1, 1999 $22.50 on or after May 1, 1999, but before May 1, 2000 $23.00 on or after May 1, 2000, but before May 1, 2001 $23.50 on or after May 1, 2001, but before May 1, 2002 $24.00 on or after May 1, 2002, but before May 1, 2003 $24.50 on or after May 1, 2003, but before May 1, 2004 $25.00 on or after May 1, 2004 (b) Accrual service on such date.

Amount of Benefits (continued)

Early

Equal to the accrued benefit at normal retirement multiplied by the factor shown below:

Number of Years Early Retirement Precedes Normal Retirement	Early Retirement Factor
1	.9333
2	.8667
3	.8000
4	.7333
5	.6667
6	.6333
7	.6000
8	.5667
9	.5333
10	.5000

Postponed

Equal to the greater of (a) the accrued benefit calculated using the normal retirement formula but continuing to credit participant with accrual service through his/her postponed retirement date, or (b) the accrued benefit calculated at normal retirement multiplied by the factor shown below:

Number of Years Postponed Retirement Exceeds Normal Retirement	Postponed Retirement Factor
1	1.06
2	1.12
3	1.19
4	1.26
5	1.34
6	1.42
7	1.50
8	1.58
9	1.67
10	1.76

Amount of Benefits (continued)	
Vested	Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.
Death	50% of the benefit the participant would have been entitled to receive if he/she had terminated on the date of his/her death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he/she would have first been eligible to receive a retirement benefit had he/she lived to that date. Participant must be vested at the time of his/her death and continuously married for the one-year period ending on the date of death.
Normal Form of Payment	(a) Unmarried participants—single life annuity. (b) Married participants—joint and 50% survivor annuity actuarially equivalent to single life annuity. (c) Lumps sums less than $5,000 are paid automatically to participants. Lumps sums greater than $5,000 are not payable.
Optional Forms of Payment	50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 5, 10, or 15-year certain and life annuity.
Optional Form Factors	For annuities, conversions use the UP-1984 Unisex Mortality table and an interest rate of 7.50%. For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Summary of Plan Provisions (Legacy Non-Bargaining Plan)

Participation	January 1 or July 1 following age 21 and completion of one year of service. No employee can become a participant after May 31, 2004.
Eligibility for Benefits	
Normal	Later of age 65 or the fifth anniversary of the date of participation.
Early	Age 55 with five years of service. If the sum of age and service is greater than or equal to 65, age 50 with five years of service.
Postponed	Actual retirement subsequent to normal retirement eligibility.
Vested	Five years of service. No service prior to age 18 is recognized for this purpose.
Disability	Effective January 1, 1989, no disability benefits are provided. Employees previously covered under the disability provisions of the plan prior to January 1, 1989 continue to be covered.
Amount of Benefits	
Normal	Payable as a single life annuity equal to the sum of (a) and (b) below: (a) The participant's monthly accrued benefit determined under the terms of the plan in effect on December 31, 1988; (b) 1.25% of the employee's average monthly compensation for each plan year or portion of such plan year beginning on or after January 1, 1989 and May 31, 2004. The participant will accrue no additional benefit beginning June 1, 2004.

Amount of Benefits (continued)

Early

Equal to the accrued benefit at normal retirement multiplied by the factor shown below:

Number of Years Early Retirement Precedes Normal Retirement	Early Retirement Factor
1	.9333
2	.8667
3	.8000
4	.7333
5	.6667
6	.6002
7	.5414
8	.4893
9	.4430
10	.4018
11	.3649
12	.3319
13	.3024
14	.2758
15	.2518

Postponed

Calculated in the same manner as the normal retirement benefit continuing to credit average monthly compensation through the postponed retirement date. If a participant's retirement date is after the calendar year in which he/she attains age 70½, his/her accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he/she was not receiving any benefit under the plan.

Vested

Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.

Death

50% of the benefit the participant would have been entitled to receive if he/she had terminated on the date of his/her death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he/she would have first been eligible to receive a retirement benefit had he/she lived to that date.

Participant must be vested at the time of his/her death and continuously married for the one-year period ending on the date of death.

Normal Form of Payment	(a) Unmarried participants—single life annuity. (b) Married participants—joint and 50% survivor annuity actuarially equivalent to single life annuity. (c) Lumps sums less than $5,000 are paid automatically to participants. Lumps sums greater than $5,000 are not payable.
Optional Forms of Payment	50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 5, 10, or 15-year certain and life annuity.
Optional Form Factors	For annuities, conversions use the UP-1984 Unisex Mortality table and an interest rate of 7.50%. For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Changes in Plan Provisions in the Prior Five Years

The 2019, 2018, and 2017 funding and plan reporting valuations did not reflect any plan changes.

The 2016 funding and plan reporting valuations reflected the following plan change:

- Nevada participants impacted by the plant closure with lump sums (determined as of September 15, 2015) exceeding the $5,000 limit were provided a limited one-time opportunity to elect to have their pension benefit distributed on September 15, 2015 as an immediate annuity or elective lump sum.

The 2015 funding and plan reporting valuations reflected the following plan changes:

- For legacy Non-Bargaining Plan participants, the early retirement factors were changed from 100% reduced by 7% for each of the first five years and 6% for each additional year that the participant's early retirement date precedes his/her normal retirement date to the factors summarized in the table on the previous page.
- The limit for automatic payment of lump sums to terminated participants was increased from $1,000 to $5,000.
- Terminated participants with lump sums (determined as of December 1, 2014) exceeding the $5,000 limit were provided a limited one-time opportunity to elect to have their pension benefit distributed on December 1, 2014 as an immediate annuity or elective lump sum.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2019 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2019

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					1					
40-44					3					
45-49					2					
50-54						2	1			
55-59				1	1	2	4	1	1	
60-64						1			2	1
65-69							1			
70+										

N-24

Schedule SB Attachment (Form 5500)—2019 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 6,053,710	January 1, 2019	7	$ 983,654

Schedule SB Attachment (Form 5500)—2019 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2019

Date	Amount	Days to Discount to 1/1/2019 at 5.42%	Interest Adjusted Contribution
September 11, 2020	$ 1,149,975	619	$ 1,051,616
Total Contribution	$ 1,149,975		$ 1,051,616

Schedule SB Attachment (Form 5500)—2019 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

	Legacy Non-Bargaining				Legacy Ferguson Nevada Plan		
(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)	(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78	55	N/A	N/A	N/A
56.5	3.00%	0.9500	1.61	56	N/A	N/A	N/A
57.5	3.00%	0.9215	1.59	57	N/A	N/A	N/A
58.5	3.00%	0.8939	1.57	58	N/A	N/A	N/A
59.5	3.00%	0.8670	1.55	59	N/A	N/A	N/A
60.5	5.00%	0.8410	2.54	60	N/A	N/A	N/A
61.5	3.00%	0.7990	1.47	61	N/A	N/A	N/A
62.5	7.00%	0.7750	3.39	62	N/A	N/A	N/A
63.5	3.00%	0.7208	1.37	63	N/A	N/A	N/A
64.5	3.00%	0.6991	1.35	64	N/A	N/A	N/A
65	100.00%	0.6782	44.08	65	100%	100%	65
		Weighted Average	63.30			Weighted Average	65
Number of Participants for Weighting			15	Number of Participants for Weighting			9
Overall Weighted Average Age :			**63.9**				

Schedule SB Attachment (Form 5500)—2019 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

On December 31, 2009 the AS America, Inc. Hourly Employees Pension Plan ("AS Hourly Plan"), the Crane Plumbing, L.L.C. Ferguson/Nevada Retirement Plan ("Ferguson/Nevada Plan"), the Crane Plumbing, L.L.C. Bargaining Employees' (Texas) Pension Plan ("Texas Plan"), and the Crane Plumbing, L.L.C. Non-Bargaining Employees' Retirement Plan ("Non-Bargaining Plan") merged, forming the AS America, Inc. Pension Plan. This section summarizes the plan provisions of each legacy plan.

Overview of Legacy Plans

Legacy Plan	Plant	Eligibility Freeze Date	Benefit Accrual Freeze Date	Remaining Active Participants
AS Hourly Plan	Tiffin	May 5, 2007	N/A	0
	Paintsville	N/A	N/A	0
	Salem[1]	N/A	N/A	50
Ferguson/Nevada Plan	Ferguson	N/A	N/A	0
	Nevada	July 1, 2006	July 1, 2006	0
	Artesian	February 1, 2008	February 1, 2008	9
	Somerset	N/A	N/A	0
Texas Plan	Hearne	August 1, 2005	August 1, 2005	0
Non-Bargaining Plan	Ferguson	June 1, 2004	June 1, 2004	0
	Nevada	June 1, 2004	June 1, 2004	0
	Artesian	June 1, 2004	June 1, 2004	12
	Somerset	June 1, 2004	June 1, 2004	3

[1] Salem participants only benefit upon plant shutdown.

Summary of Plan Provisions (Legacy AS Hourly Plan)

Participation	Immediate entry for all hourly employees covered by the collective bargaining agreement and employed prior to May 5, 2007. Currently, there are no active participants at the Paintsville or Tiffin locations.
Benefit Service	Paintsville and Tiffin Participants: (a) Employment with the company on or after October 31, 2007; or (b) Employment with a specified employer on or after October 31, 2007, if such employment is designated by the company as being in its interest, but only for the period covered by such designation. Salem Participants: None.
Eligibility for Benefits	
Normal	Age 65.
Unreduced Early	Age 62 with 10 years of service or age 58 with 30 years of service (Paintsville and Tiffin participants only). Those who meet the rule of 75/80 upon a plant shutdown (all participants).
Reduced Early	Age 55 with 10 years of service (Paintsville and Tiffin participants only).
Postponed	Actual retirement subsequent to normal retirement eligibility.
Vested	Five years of service.
Amount of Benefits	
Normal	Tiffin Participants: $3.00 x Months of Benefit Service. Paintsville Participants: $2.50 x Months of Benefit Service. Salem Participants: No Normal Retirement Benefit.

Amount of Benefits (continued)	
Unreduced Early	Tiffin: AS Hourly Accrued Benefit + American Standard Normal Retirement Benefit x 1/3 x 1% x Months until Age 65. Paintsville: AS Hourly Accrued Benefit + American Standard Normal Retirement Benefit x 1/4 x 1% x Months until Age 65. Salem (only upon plant closure): American Standard Normal Retirement Benefit x 1/2 x 1% x Months until Age 65. The American Standard Normal Retirement Benefit is the normal retirement benefit calculated as of October 31, 2007, under the prior American Standard Pension Plan. These benefit amounts are listed by participant in the appendix of the AS America, Inc. Pension Plan document.
Reduced Early	Tiffin: AS Hourly Accrued Benefit x 1/3 x 1% x Months until Age 65. Paintsville: AS Hourly Accrued Benefit x 1/4 x 1% x Months until Age 65. Salem: No Reduced Early Retirement Benefit.
Postponed	Calculated in the same manner as the normal retirement benefit continuing to credit service through the postponed retirement date. If a participant's retirement date is after the calendar year in which he/she attains age 70½, his/her accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he/she was not receiving any benefit under the plan.
Vested	Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.
Disability	The difference between the American Standard Accrued Benefit and the American Standard Disability Benefit. In addition, Tiffin and Paintsville participants receive the greater of the AS Hourly Accrued Benefit and $225.
Death	50% of the participant's AS Hourly Accrued Benefit. No death benefit for Salem participants.
Normal Form of Payment	Single life annuity.

Optional Forms of Payment	50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 50%, 75%, or 100% joint and survivor pop-up annuity; 5, 10, or 20-year certain and life annuity; Level income option.
Optional Form Factors	For annuities, conversions use the 1983 Group Annuity Mortality table projected to 1988 with Scale H, for males and an interest rate of 7.50%. For lump sums and level income option, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Summary of Plan Provisions (Legacy Ferguson/Nevada Plan)

Participation	Earliest date that an employee becomes an Eligible Employee. "Eligible Employee" is any employee of the company (i) who is employed at Ferguson or Nevada Ceramics Plant and whose employment is governed by a collective bargaining agreement with the Glass, Molders, Pottery, Plastics & Allied Workers International Union, AFL-CIO, CLC and its local Union No. 334 or its Local Union 372; (ii) whose employment is governed by a collective bargaining agreement with the International Union of Electronic and Electrical Salaried Machine and Furniture workers, AFL-CIO, and its Local Union No. 719-Mansfield, Ohio; or (iii) effective April 1, 1998, employees whose employment is governed by a collective bargaining agreement with the Glass, Molders, Pottery, Plastics & Allied Workers International Union, AFL-CIO, CLC and its Local Union No. 313 (Somerset, Pennsylvania). "Eligible Employee" shall also include employees previously covered under the Ferguson Salaried Bargaining Agreement.
Accrual Service	Total of an employee's periods of service expressed as whole years and fractional parts of a year on the basis that 365 days equals one year. Rounded to four decimal places.
Eligibility for Benefits	
Normal	Later of age 65 or the fifth anniversary of the date of participation. Age 65 for employees of Artesian Limited Partnership hired prior to August 18, 1992 and at least 60 on August 18, 1992. Age 65 for employees of Somerset Limited Partnership hired prior to April 1, 1998 and at least 60 on April 1, 1998.
Early	Age 60 and vested.
Postponed	Actual retirement subsequent to normal retirement eligibility.
Vested	Five years of service.
Disability	10 years of service.

Amount of Benefits

Normal

Payable as a single life annuity equal to the product of (a) and (b) below:

(a) An amount equal to:

For Ferguson/Nevada Employees	
Prior to January 1, 1990	15.00
On or after February 1, 1990	16.00
On or after February 1, 1991	17.00
On or after February 1, 1992	17.50
On or after February 1, 1993	18.00
On or after February 1, 1994	18.50
On or after February 1, 1995	19.50
On or after February 1, 1996	20.50
On or after February 1, 1997	21.50
On or after January 31, 2001	22.00
On or after February 1, 2002	22.50
On or after February 1, 2003	23.00
On or after February 1, 2004	23.50
On or after February 1, 2005	24.00

For Artesian Employees	
On or after August 18, 1992	16.00
On or after January 1, 1996	16.50
On or after January 1, 1997	17.00
On or after January 1, 1998	17.50

For Somerset Employees	
Prior to April 1, 2001	19.50
On or after April 1, 2001	20.50
On or after April 1, 2002	21.00
On or after April 1, 2003	21.50
On or after April 1, 2004	22.00
On or after April 1, 2005	22.50

(b) Participant's accrual service at retirement not to exceed 35 years for Ferguson, Nevada, and Artesian employees. Service was frozen July 1, 2006 for Nevada employees and February 1, 2008 for Artesian employees.

Amount of Benefits (continued)

Early

Equal to the accrued benefit at normal retirement multiplied by the factor shown below:

Number of Years Early Retirement Precedes Normal Retirement	Early Retirement Factor
1	.9333
2	.8667
3	.8000
4	.7333
5	.6667

Postponed

Calculated in the same manner as the normal retirement benefit continuing to credit average monthly compensation through the postponed retirement date. If a participant's retirement date is after the calendar year in which he attains age 70½, his accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he was not receiving any benefit under the plan.

Vested

Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.

Disability

Accrued benefit payable beginning the date of disability and continuing through the earlier of participant's date of retirement, date of death, or death participant is no longer totally and permanently disabled.

Death

50% of the benefit the participant would have been entitled to receive if he had terminated on the date of his death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he would have first been eligible to receive a retirement benefit had he lived to that date.

Benefit commences on the later of participant's death or the participant's attainment of early retirement age and continues for the remaining lifetime of the surviving spouse.

Participant must be vested at the time of his death and continuously married for the one-year period ending on the date of death.

Normal Form of Payment	(a) Unmarried participants—single life annuity. (b) Married participants—joint and 50% survivor annuity actuarially equivalent to single life annuity. (c) Lumps sums less than $5,000 are paid automatically to participants. Lumps sums greater than $5,000 are not payable.
Optional Forms of Payment	50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 5, 10, or 15-year certain and life annuity.
Optional Form Factors	For annuities, conversions use the UP-1984 Unisex Mortality table and an interest rate of 7.50%. For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Summary of Plan Provisions (Legacy Texas Plan)

Participation	Completion of one year of service. An employee is eligible if he/she is represented by Glass, Pottery, Plastics and Allied Workers at Hearne, Texas. No employee can become a participant after August 1, 2005.
Accrual Service	Credited from date of hire on the basis 365 days equals one year. No service is accrued after August 1, 2005.
Vesting Service	Credited only after November 1, 1985 on the basis 365 days equals one year.
Eligibility for Benefits	
Normal	Later of age 65 or the fifth anniversary of the date of participation.
Early	Age 55 with 10 years of service.
Postponed	Actual retirement subsequent to normal retirement eligibility.
Vested	Five years of vesting service.
Disability	There are no disability benefits under this plan.
Amount of Benefits	
Normal	Payable as a single life annuity equal to the product of (a) and (b) below: (a) An amount equal to: $18.75 on or after May 1, 1996, but before May 2, 1997 $21.50 on or after May 2, 1997, but before May 1, 1998 $22.00 on or after May 1, 1998, but before May 1, 1999 $22.50 on or after May 1, 1999, but before May 1, 2000 $23.00 on or after May 1, 2000, but before May 1, 2001 $23.50 on or after May 1, 2001, but before May 1, 2002 $24.00 on or after May 1, 2002, but before May 1, 2003 $24.50 on or after May 1, 2003, but before May 1, 2004 $25.00 on or after May 1, 2004 (b) Accrual service on such date.

Amount of Benefits (continued)

Early

Equal to the accrued benefit at normal retirement multiplied by the factor shown below:

Number of Years Early Retirement Precedes Normal Retirement	Early Retirement Factor
1	.9333
2	.8667
3	.8000
4	.7333
5	.6667
6	.6333
7	.6000
8	.5667
9	.5333
10	.5000

Postponed

Equal to the greater of (a) the accrued benefit calculated using the normal retirement formula but continuing to credit participant with accrual service through his/her postponed retirement date, or (b) the accrued benefit calculated at normal retirement multiplied by the factor shown below:

Number of Years Postponed Retirement Exceeds Normal Retirement	Postponed Retirement Factor
1	1.06
2	1.12
3	1.19
4	1.26
5	1.34
6	1.42
7	1.50
8	1.58
9	1.67
10	1.76

Amount of Benefits (continued)	
Vested	Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.
Death	50% of the benefit the participant would have been entitled to receive if he/she had terminated on the date of his/her death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he/she would have first been eligible to receive a retirement benefit had he/she lived to that date. Participant must be vested at the time of his/her death and continuously married for the one-year period ending on the date of death.
Normal Form of Payment	(a) Unmarried participants—single life annuity. (b) Married participants—joint and 50% survivor annuity actuarially equivalent to single life annuity. (c) Lumps sums less than $5,000 are paid automatically to participants. Lumps sums greater than $5,000 are not payable.
Optional Forms of Payment	50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 5, 10, or 15-year certain and life annuity.
Optional Form Factors	For annuities, conversions use the UP-1984 Unisex Mortality table and an interest rate of 7.50%. For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Summary of Plan Provisions (Legacy Non-Bargaining Plan)

Participation	January 1 or July 1 following age 21 and completion of one year of service. No employee can become a participant after May 31, 2004.
Eligibility for Benefits	
Normal	Later of age 65 or the fifth anniversary of the date of participation.
Early	Age 55 with five years of service. If the sum of age and service is greater than or equal to 65, age 50 with five years of service.
Postponed	Actual retirement subsequent to normal retirement eligibility.
Vested	Five years of service. No service prior to age 18 is recognized for this purpose.
Disability	Effective January 1, 1989, no disability benefits are provided. Employees previously covered under the disability provisions of the plan prior to January 1, 1989 continue to be covered.
Amount of Benefits	
Normal	Payable as a single life annuity equal to the sum of (a) and (b) below: (a) The participant's monthly accrued benefit determined under the terms of the plan in effect on December 31, 1988; (b) 1.25% of the employee's average monthly compensation for each plan year or portion of such plan year beginning on or after January 1, 1989 and May 31, 2004. The participant will accrue no additional benefit beginning June 1, 2004.

Amount of Benefits (continued)

Early

Equal to the accrued benefit at normal retirement multiplied by the factor shown below:

Number of Years Early Retirement Precedes Normal Retirement	Early Retirement Factor
1	.9333
2	.8667
3	.8000
4	.7333
5	.6667
6	.6002
7	.5414
8	.4893
9	.4430
10	.4018
11	.3649
12	.3319
13	.3024
14	.2758
15	.2518

Postponed

Calculated in the same manner as the normal retirement benefit continuing to credit average monthly compensation through the postponed retirement date. If a participant's retirement date is after the calendar year in which he/she attains age 70½, his/her accrued benefit shall be actuarially increased to take into account the period after age 70½ in which he/she was not receiving any benefit under the plan.

Vested

Calculated in the same manner as the normal retirement benefit based on years of service at termination. Benefit is reduced on the same basis as an early retirement benefit.

Death

50% of the benefit the participant would have been entitled to receive if he/she had terminated on the date of his/her death and commenced receiving the benefit as a joint and 50% survivor annuity on the date he/she would have first been eligible to receive a retirement benefit had he/she lived to that date.

Participant must be vested at the time of his/her death and continuously married for the one-year period ending on the date of death.

Normal Form of Payment	(a) Unmarried participants—single life annuity. (b) Married participants—joint and 50% survivor annuity actuarially equivalent to single life annuity. (c) Lumps sums less than $5,000 are paid automatically to participants. Lumps sums greater than $5,000 are not payable.
Optional Forms of Payment	50%, 66-2/3%, 75%, or 100% joint and survivor annuity; 5, 10, or 15-year certain and life annuity.
Optional Form Factors	For annuities, conversions use the UP-1984 Unisex Mortality table and an interest rate of 7.50%. For lump sums, conversions use the interest rates under Internal Revenue Code section 417(e) for the December preceding the plan year the payment commences and the mortality under section 417(e) for the plan year the payment commences.

Changes in Plan Provisions in the Prior Five Years

The 2019, 2018, and 2017 funding and plan reporting valuations did not reflect any plan changes.

The 2016 funding and plan reporting valuations reflected the following plan change:

- Nevada participants impacted by the plant closure with lump sums (determined as of September 15, 2015) exceeding the $5,000 limit were provided a limited one-time opportunity to elect to have their pension benefit distributed on September 15, 2015 as an immediate annuity or elective lump sum.

The 2015 funding and plan reporting valuations reflected the following plan changes:

- For legacy Non-Bargaining Plan participants, the early retirement factors were changed from 100% reduced by 7% for each of the first five years and 6% for each additional year that the participant's early retirement date precedes his/her normal retirement date to the factors summarized in the table on the previous page.
- The limit for automatic payment of lump sums to terminated participants was increased from $1,000 to $5,000.
- Terminated participants with lump sums (determined as of December 1, 2014) exceeding the $5,000 limit were provided a limited one-time opportunity to elect to have their pension benefit distributed on December 1, 2014 as an immediate annuity or elective lump sum.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Plan Name	**AS AMERICA, INC. PENSION PLAN**
Plan Sponsor EIN	**26-0887443**
ERISA Plan No.	**002**
Plan Year End	**12/31/2019**

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Schedule SB Attachment (Form 5500)—2019 Plan Year
AS America, Inc. Pension Plan
EIN: 26-0887443 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 6,053,710	January 1, 2019	7	$ 983,654