

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information						
1a	Name of plan <u>ASSA ABLOY ENTRANCE SYSTEMS CDDS 401(K) PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>01/01/2017</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>01/01/2017</u>		
1b	Three-digit plan number (PN) ▶ <u>001</u>						
1c	Effective date of plan <u>01/01/2017</u>						
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DOOR SYSTEMS, INC.</u> <u>2019 CORPORATE LANE, SUITE 159</u> <u>SUITE 159</u> <u>NAPERVILLE, IL 60563</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>36-4456973</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>630-250-0101</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>333200</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>36-4456973</u>	2c	Plan Sponsor's telephone number <u>630-250-0101</u>	2d	Business code (see instructions) <u>333200</u>
2b	Employer Identification Number (EIN) <u>36-4456973</u>						
2c	Plan Sponsor's telephone number <u>630-250-0101</u>						
2d	Business code (see instructions) <u>333200</u>						

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2020	ALFREDO HERNANDEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 ASSA ABLOY ENTRANCE SYSTEMS GREENVILLE c Plan Name CDDS 401(K) PLAN	4b EIN 57-0511133 4d PN
5 Total number of participants at the beginning of the plan year	5 364
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 321 6a(2) 317 6b 0 6c 70 6d 387 6e 0 6f 387 6g 368 6h 32
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan ASSA ABLOY ENTRANCE SYSTEMS CDDS 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DOOR SYSTEMS, INC.	D Employer Identification Number (EIN) 36-4456973

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

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66890	GAP-CP-JU1M	368	01/01/2019	12/31/2019

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

(a) Total amount of commissions paid 74	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid PROSPERA FINANCIAL SERVICES 5429 LBJ FRWY, SUITE 400 DALLAS, TX 75240
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
74			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 32130**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 14667**c** Additions: (1) Contributions deposited during the year **7c(1)** 7543(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 656(4) Transferred from separate account **7c(4)** 0(5) Other (specify below) **7c(5)** 13040

▶ LOAN REPAYMENTS

(6) Total additions **7c(6)** 21239**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 35906**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 0(2) Administration charge made by carrier **7e(2)** 190(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)** 3586

▶ LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 3776**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 32130

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		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 ASSA ABLOY ENTRANCE SYSTEMS CDDS 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DOOR SYSTEMS, INC.	D Employer Identification Number (EIN) 36-4456973	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
15 19	RECORDKEEPER	114251	Yes ☒ No ☐	Yes ☒ No ☐	1218	Yes ☐ No ☒

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

CECILCO

14881 QUARUM DRIVE
SUITE 340
DALLAS, TX 75254

(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 17	ADMINISTRATOR	7625	Yes ☒ No ☐	Yes ☐ No ☒	20984	Yes ☐ No ☒

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

PROSPERA FINANCIAL SERVICES, INC.

5429 LBJ FRW
SUITE 400
DALLAS, TX 75240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 52	BORKER-DEALER		Yes ☒ No ☐	Yes ☐ No ☒	43497	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 19	1218
(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.	
CECILCO 14881 QUORUM DRIVE SUITE 340 DALLAS, TX 75254	RECORDKEEPING	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CECILCO	13 17	20984
(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.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	THIRD PARTY ADMINISTRATOR	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PROSPERA FINANCIAL SERVICE, INC.	27 52	43497
(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.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	INVESTMENT ADVISORY FEE	

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 ASSA ABLOY ENTRANCE SYSTEMS CDDS 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DOOR SYSTEMS, INC.	D Employer Identification Number (EIN) 36-4456973	

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	8963
(2) Participant contributions.....	1b(2)	0	4722
(3) Other.....	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	7866	4406
(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)	92331	188867
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	8169287	15389177
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	14667	32130
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8284151	15628265

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8284151	15628265
---	-----------	---------	----------

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)	447479	
(B) Participants.....	2a(1)(B)	1264770	
(C) Others (including rollovers)	2a(1)(C)	222609	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1934858
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	10960	
(F) Other	2b(1)(F)	676	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11636
(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)	350681	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		350681
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2123912
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4421087

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	813095	
(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)		813095
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)	58198	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		58198
j Total expenses. Add all expense amounts in column (b) and enter total	2j		871293

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3549794
l Transfers of assets:			
(1) To this plan	2l(1)		3794320
(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: PRICEKUBECKA, PLLC

(2) EIN: 75-2783674

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a	X		250635
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?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>ASSA ABLOY ENTRANCE SYSTEMS CDDS 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DOOR SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>36-4456973</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4156830</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**CDDS 401(k) Plan
Audited Financial Statements
and
Supplementary Data**

December 31, 2019 and 2018

PriceKubecka[®], PLLC
Certified Public Accountants



pricekubeka.com



CDDS 401(k) Plan

December 31, 2019 and 2018

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
CDDS 401(k) Plan
Greenville, South Carolina

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of CDDS 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Trust Company and Nationwide Life Insurance Company, the custodians 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 custodians hold the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodians as of December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the plan administrator by the custodians 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 schedules of Schedule H, line 4i – Schedule of Assets Held for Investment Purposes and Schedule H, line 4a – Schedule of Delinquent Participant Contributions as of December 31, 2019 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

PriceKubecka, PLLC

PriceKubecka, PLLC
Addison, Texas

October 12, 2020

CDDS 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Investments at fair value	\$ 15,393,583	\$ 8,177,153
Investments at contract value	32,130	14,667
Receivables:		
Employer contributions	8,963	114,506
Participant contributions	4,722	12,637
Other contributions	-	11,380
Notes receivable from participants	188,867	92,331
Total receivables	<u>202,552</u>	<u>230,854</u>
Net Assets Available for Benefits	<u><u>\$ 15,628,265</u></u>	<u><u>\$ 8,422,674</u></u>

See accompanying independent auditors' report and notes to financial statements.

CDDS 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2019

	<u>2019</u>
Additions to Net Assets:	
Investment income (loss):	
Net appreciation (depreciation) in fair value of investments	\$ 2,123,912
Interest	643
Dividends	<u>350,681</u>
Total investment income (loss)	2,475,236
Interest income on notes receivable from participants	10,993
Contributions:	
Participants	1,262,954
Employer	310,772
Rollover	<u>222,609</u>
Total Contributions	<u>1,796,335</u>
Total Additions	4,282,564
Deductions from Net Assets:	
Benefits paid to participants	813,095
Administrative expenses	<u>58,198</u>
Total Deductions	<u>871,293</u>
Increase (Decrease) in Net Assets	3,411,271
Transfer of Net Assets	3,794,320
Net Assets Available for Benefits - Beginning of Year	<u>8,422,674</u>
Net Assets Available for Benefits - End of Year	<u><u>\$ 15,628,265</u></u>

See accompanying independent auditors' report and notes to financial statements.

CDDS 401(k) Plan
Notes to Financial Statements
December 31, 2019 and 2018

Note 1 – Description of Plan

The following description of CDDS 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established by ASSA ABLOY Entrance Systems Greenville (the Plan Sponsor and Company) under the provisions of Section 401(a) of the United States Internal Revenue Code (the IRC), which includes a qualified cash or deferred arrangement as described in section 401(k) of the IRC, for the benefit of eligible employees of the Company and any adopting participating employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as well as certain provisions of the federal income tax laws.

ASSA ABLOY Entrance Systems Greenville (ASSA ABLOY) established the CDDS 401(k) Plan. Effective January 1, 2019, CNC Door Company and Overhead Door Company of Nashville entered into a merger and transfer agreement to merge into the CDDS 401(k) Plan, and those assets were transferred on January 15, 2019.

Employees who complete one month of service are eligible to participate in the Plan except for the following:

- Members of a collective bargaining agreement
- Non-resident aliens
- Leased employees

Upon satisfying the eligibility requirements, employees may participate in the Plan on the first day of the following month.

Contributions

The Plan is funded through employee elective deferrals and Company contributions. The Plan has an automatic enrollment provision (4% salary deferral) whereby employees must elect out of the Plan if they do not wish to participate. Each year, a highly compensated participant may elect to contribute a portion of their compensation from 1.00% to 25.00%, subject to certain maximum limitations imposed by Section 402(g) of the Internal Revenue Code (IRC). Non-highly compensated employees can contribute between 1.00% and 85.00%, subject to the same IRC limitation. Participants direct the investment of their contributions into various investment options offered by the Plan.

At the discretion of the plan administrator, participants may be permitted to deposit or "roll over" into the Plan distributions they have received from other plans and certain IRAs. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Contributions are not to exceed the limits imposed by Section 402(g) of the IRC.

CDDS 401(k) Plan
Notes to Financial Statements (Continued)
December 31, 2019 and 2018

Note 1 – Description of Plan (Continued)

Contributions (Continued)

The Company may make discretionary matching and profit-sharing contributions which will be allocated in accordance with the plan document provisions. Participants will always be eligible to receive matching contributions regardless of the amount of service completed during the year. Participants must be employed on the last day of the year and have been credited with more than 1,000 hours of service to be eligible to receive profit sharing contributions.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocation of company discretionary contributions, and Plan earnings or losses and charged with an allocation of administrative expenses. Allocations may be charged based on either the size of the participant's account balance or equally to each participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their elective deferrals including catch-up contributions, rollover contributions from other plans, and actual earnings thereon. The method for crediting vesting service for discretionary matching and profit-sharing contributions is based on vesting periods of service. Participants are credited with a period of service for 1,000 hours of service. A participant is always 100% vested in their discretionary matching and profit-sharing contributions if they are employed on or after their Normal Retirement Age or if they terminate employment on account of their death or disability.

Participants are vested in discretionary matching and profit-sharing based on the following schedule:

Periods of Service	Percentage Vested
Less than 1	0%
1	33%
2	66%
3	100%

Forfeited Accounts

Forfeitures represent unvested portions of terminated participants' accounts. At any time when accounts are forfeited, these accounts will be used to pay administrative expenses, reduce company contributions, or restore eligible rehire forfeiture account balances. At December 31, 2019 and 2018, forfeited accounts totaled \$4,406 and \$7,867, respectively. During 2019, \$7,321 of forfeited non-vested accounts were used.

CDDS 401(k) Plan
Notes to Financial Statements (Continued)
December 31, 2019 and 2018

Note 1 – Description of Plan (Continued)

Investment Options

Upon enrollment in the Plan, a participant may direct the contributions made to the Plan, for or on behalf of the participant, to any one or more of the investment funds determined at the discretion of the Plan Administrator and Plan Sponsor and in such multiples as the participant prescribes. A participant may change his or her investment direction with respect to future contributions or redirect the investment of his or her account balances.

Notes Receivable from Participants

Participants who are active employees may borrow against their vested account balances a minimum of \$1,000 up to a maximum amount equal to the lesser of 50% of their vested account balance or \$50,000. The loans, in the form of promissory notes, are secured by the balances in the participant's account, and bear interest at reasonable rates, which are commensurate with local prevailing rates as determined by the Plan Administrator. A participant may have one loan outstanding at any one time. Principal and interest are paid ratably through payroll deductions and generally repaid within five years, or twenty years for loans used for the purchase of a primary residence.

Benefits Paid to Participants

On termination of service, disability, or retirement, a participant is entitled to receive a distribution equal to the value of the participant's vested interest in his or her account. Distribution of a deceased participant's account will be made to the designated beneficiary. Additionally, under certain circumstances, the Plan allows for financial hardship and in-service withdrawals.

Plan Expenses

The Plan's expenses are paid by either the Plan or the Company, as provided by the plan document. Expenses 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 statement 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.

Termination of the Plan

Although the Company intends to maintain the Plan indefinitely, the Company reserves the right to terminate the Plan at any time subject to the provisions of ERISA. Upon termination, no further contributions will be made to the Plan and all amounts credited to the participant's account will become 100% vested. The Company will direct the distribution of the participant's account in a manner permitted by the Plan as soon as practicable.

CDDS 401(k) Plan
Notes to Financial Statements (Continued)
December 31, 2019 and 2018

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Base of Estimates

Preparing the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassification

Certain reclassifications have been made to the 2018 financial statement presentation to correspond to the current year's format. Total net assets available for benefits are unchanged due to these reclassifications.

Investment Valuation and Income Recognition

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. See Note 4 for discussion of fair value measurements. Interest and other income are recorded on the accrual basis. Purchases and sales of investments are recorded on the trade-date basis. Dividends are recorded on the ex-dividend date. The net appreciation (depreciation) of investments, including realized gains and losses on sales during the year and current changes in unrealized appreciation (depreciation) in the market value of investments held at year end, is presented in the statement of changes in net assets available for benefits.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. If a participant ceases to make scheduled repayments and the Plan administrator deems the participant note receivable to be in default, the participant note receivable balance is reduced and a benefit payment recorded.

Payment of Benefits

Benefits are recorded when paid.

CDDS 401(k) Plan
Notes to Financial Statements (Continued)
December 31, 2019 and 2018

Note 2 – Summary of Significant Accounting Policies (Continued)

Subsequent Events

Subsequent events were evaluated through October 12, 2020, which is the date the financial statements were available to be issued. See Note 11 for further information on subsequent events.

Note 3 – Information Certified by Custodians

The Plan Administrator elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator limited auditing procedures with respect to the investments certified by Nationwide Trust Company and Nationwide Life Insurance Company, the custodians of the Plan, which included total investments as of December 31, 2019 and 2018, and the total investment income for the year ended December 31, 2019, and all information included in the supplemental schedule Form 5500, Schedule H, line 4i – Schedule of Assets Held for Investment Purposes at End of Year.

The following investment information was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by the custodians of the Plan, as of December 31, 2019 and 2018 and for the year ended December 31, 2019:

	2019	2018
Investment values certified by the custodian	\$ 15,425,713	\$ 8,191,820
Notes receivable from participants certified by the custodian	\$ 188,867	\$ 92,331
Year ended December 31, 2019		
Investment income certified by the custodian:		
Net appreciation (depreciation) in fair value of investments		\$ 2,123,912
Interest		\$ 643
Dividends		\$ 350,681
Interest on notes receivable from participants certified by the custodian		\$ 10,993

CDDS 401(k) Plan
Notes to Financial Statements (Continued)
December 31, 2019 and 2018

Note 4 – Fair Value Measurements

The Financial Accounting Standards Board's Accounting Standards Codification (ASC) Topic 820, Fair Value Measurement, establishes a framework for measuring fair value. The framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC Topic 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There are three general valuation techniques that may be used to measure fair value, as described below:

- A) Market approach – Uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. Prices may be indicated by pricing guides, sale transactions, market trades, or other sources;
- B) Cost approach – Based on the amount that currently would be required to replace the service capacity of an asset (replacement cost); and
- C) Income approach – Uses valuation techniques to convert future amounts to a single present amount based on current market expectations about the future amounts (includes present value techniques and option-pricing models). Net present value is an income approach where a stream of expected cash flows is discounted at an appropriate market interest rate.

CDDS 401(k) Plan
Notes to Financial Statements (Continued)
December 31, 2019 and 2018

Note 4 – Fair Value Measurements (Continued)

The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Interest Bearing Cash

Interest bearing cash is valued at the market value of cash held by the Plan at year end.

Mutual Funds

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end based on quoted market prices.

Below are the Plan's financial instruments carried at fair value on a recurring basis by the FASB ASC 820-10 fair value hierarchy levels:

December 31, 2019				
	Level 1	Level 2	Level 3	Total
Cash	\$ 4,406	\$ -	\$ -	\$ 4,406
Mutual funds	15,389,177	-	-	15,389,177
Investments at fair value	<u>\$ 15,393,583</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 15,393,583</u>

December 31, 2018				
	Level 1	Level 2	Level 3	Total
Cash	\$ 7,866	\$ -	\$ -	\$ 7,866
Mutual funds	8,169,287	-	-	8,169,287
Investments at fair value	<u>\$ 8,177,153</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 8,177,153</u>

Gains and losses, realized and unrealized, for the year ended December 31, 2019 are reported under net appreciation (depreciation) in fair value of investments on the accompanying statement of changes in net assets available for benefits.

CDDS 401(k) Plan
Notes to Financial Statements (Continued)
December 31, 2019 and 2018

Note 5 – Fully Benefit-Responsive Investment Contracts

The Plan invests in the Nationwide Fixed Select Option, which is a fully benefit-responsive guaranteed investment contract (GIC) with the Custodian, Nationwide Life Insurance Company. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The following represents the disaggregation of contract value between types of investment contracts held by the Plan:

	<u>2019</u>	<u>2018</u>
Synthetic investment contracts	\$ 32,130	\$ 14,667
Traditional investment contracts	-	-
Total Fully Benefit-Responsive Investment Contracts	<u>\$ 32,130</u>	<u>\$ 14,667</u>

The key difference between a synthetic investment contract and a traditional investment contract is that the Plan owns the underlying assets of the synthetic investment contract. A synthetic investment contract includes a wrapper contract, which is an agreement for the wrap issuer, such as a bank or insurance company, to make payments to the Plan in certain circumstances. The wrapper contract typically includes certain conditions and limitations on the underlying assets owned by the Plan. With traditional investment contracts, the Plan owns only the contract itself. Synthetic and traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers.

The synthetic investment contracts held by the Plan include wrapper contracts that provide a guarantee that the credit rate will not fall below 0 percent. Cash flow volatility (for example, timing of benefit payments) as well as asset underperformance can be passed through to the Plan through adjustments to future contract crediting rates. Formulas are provided in each contract that adjusts renewal crediting rates to recognize the difference between the fair value and the book value of the underlying assets. Crediting rates are reviewed monthly for resetting.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

CDDS 401(k) Plan
Notes to Financial Statements (Continued)
December 31, 2019 and 2018

Note 5 – Fully Benefit-Responsive Investment Contracts (Continued)

Certain events might limit the ability of the Plan to transact at contract value with the issuer. These events may be different under each contract. Examples of such events include the following:

1. Amendments to Plan documents, including complete or partial Plan termination or merger,
2. Changes to the Plan's prohibition on competing investment options,
3. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations,
4. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code, or
5. Premature termination of the contracts

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer.

Note 6 – Prohibited Transactions

As required by ERISA Section 2510.3-102, the Plan sponsor is required to segregate employee contributions to the Plan from its general assets as soon as practicable. Due to various issues, numerous contributions throughout 2018 and 2019 were not remitted timely. Total contributions for the affected pay periods were \$250,635, all of which represented employee salary deferrals. These contributions are considered prohibited transactions. In October 2019, the Company made a contribution of \$29 to compensate the Plan for lost investment earnings related to the 2018 prohibited transactions. As of October 12, 2020, the Company has determined the lost investments earnings is \$152 related to the 2019 prohibited transactions and expects to compensate the plan in October 2020.

Note 7 – Transactions with Parties-in-Interest

Parties-in-interest are defined under DOL Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. As such, transactions conducted with the custodians, third party administrator (the TPA), auditor, and the Company qualify as party-in-interest transactions.

CDDS 401(k) Plan
Notes to Financial Statements (Continued)
December 31, 2019 and 2018

Note 7 – Transactions with Parties-in-Interest (Continued)

Fees incurred by the plan for the investment management services are included in the net appreciation in fair value of the related investment, as they are paid through revenue sharing rather than a direct payment. During 2019, the Plan made direct payments of \$121,876 for administration and advisory fees. The Plan sponsor pays directly any other fees related to the operation of the Plan.

Note 8 – Risks and Uncertainties

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

Note 9 – Tax Status

The Plan sponsor adopted a prototype non-standardized profit sharing plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service dated March 31, 2014, which states that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law. The Plan is required to operate in conformity with the IRC to maintain its qualification. Management is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

GAAP requires plan management to evaluate tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to 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 there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Generally, the statute of limitations for the IRS to assess taxes on a plan expires three (3) years from the due date of the return or the date on which it was filed, whichever is later.

Note 10 – Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits between the financial statements and Form 5500 as of December 31, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Net assets available for benefits per the financial statements	\$ 15,628,265	\$ 8,422,674
Less: Contributions receivable included in the financial statements	<u>-</u>	<u>(138,523)</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 15,628,265</u>	<u>\$ 8,284,151</u>

CDDS 401(k) Plan
Notes to Financial Statements (Continued)
December 31, 2019 and 2018

Note 10 – Reconciliation to Form 5500 (Continued)

The following is a reconciliation of contributions between the financial statements and Form 5500 as of December 31, 2019:

	<u>2019</u>
Contributions per the financial statements	\$ 1,796,335
Add: Participant contribution receivables, beginning of year	12,637
Add: Employer contribution receivables, beginning of year	<u>125,886</u>
Total contributions per Form 5500	<u><u>\$ 1,934,858</u></u>

Note 11 - Subsequent Events

SECURE Act

The plan has implemented the requirements of the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act) which was signed into law on December 19, 2019 and is effective for years beginning after December 31, 2019.

COVID-19 and CARES Act

In March 2020, the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in financial markets. As a result, the Plan's various investment securities have incurred significant volatility in fair value since December 31, 2019. The impact of COVID-19 continues to evolve rapidly, and the Company is not able at this time to estimate its full impact on the Plan's financial statements.

The Coronavirus Aid, Relief, and Economic Security ("CARES") Act was signed into law on March 27, 2020. The CARES Act allows certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, delay the commencement date for required minimum distributions, and take a COVID-19 related distribution up to \$100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020.

The optional features within the CARES Act were not implemented.

CDDS 401(k) Plan
Notes to Financial Statements (Continued)
December 31, 2019 and 2018

Note 11 - Subsequent Events (Continued)

Other Plan Amendment

Effective January 1, 2020, the following plan amendments were made:

- Plan name has changed to ASSA ABLOY Entrance Systems CDDS 401(k) Plan.
- Tamu, Inc. became a participating employer in the Plan.
- ASSA ABLOY Entrance Systems Greenville and Overhead Door Company of Nashville are no longer participating employers in the Plan.
- The loan policy has been updated to remove the 20 year amortization option for residential loans.

CDDS 401(k) Plan
EIN# 57-0511133 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held
for Investment Purposes at End of Year
December 31, 2019

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Maturity Date, Rate, Collateral, Value	** (d) Cost	(e) Current Value	
*	AmBcn Intl Eq Adv	Mutual Fund	n/a	\$	464,248
*	EV Emrg Mkt Local Inc A	Mutual Fund	n/a		184,536
*	BlkRk Ttl Rtn Inv A	Mutual Fund	n/a		182,232
*	DFA Intl Cor Eq Inst	Mutual Fund	n/a		183,194
*	DFA Emrg Mkt Cor Eq Inst	Mutual Fund	n/a		385,371
*	DFA Gbl RealEst Sec Inst	Mutual Fund	n/a		238,579
*	DFA Infl Prtct Sec Inst	Mutual Fund	n/a		15,689
*	LrdAbt Flotng Rt A	Mutual Fund	n/a		2
*	BlkRk Strat Inc Oppr Inv A	Mutual Fund	n/a		215,850
*	Col Sel LgCap Gr Inst2	Mutual Fund	n/a		331,534
*	Vngrd 500 Index Fd AS	Mutual Fund	n/a		707,326
*	Vngrd Mid-Cap Idx Fd AS	Mutual Fund	n/a		257,285
*	Vngrd Sm Cap Indx Fd AS	Mutual Fund	n/a		247,920
*	Vngrd Ttl Bnd Mkt Idx Adm	Mutual Fund	n/a		6
*	Vngrd Ttl IntlStkIndx Adml	Mutual Fund	n/a		61,428
*	Vngrd Explr Adml	Mutual Fund	n/a		205,509
*	Vngrd GNMA Adml	Mutual Fund	n/a		128,510
*	Vngrd Ttl Intl Bd Idx Adml	Mutual Fund	n/a		45,855
*	DFA US LgCap Val Inst	Mutual Fund	n/a		798,743
*	DFA US Cor Eq I	Mutual Fund	n/a		400,322
*	DFA US Trgt Val Inst	Mutual Fund	n/a		473,078
*	LrdAbt Flotng Rt R4	Mutual Fund	n/a		6
*	Prncpl RealEst Sec Inst	Mutual Fund	n/a		4
*	PGIM Ttl Rtn Bd R6	Mutual Fund	n/a		454,097
*	JPM Eq Inc R5	Mutual Fund	n/a		383,441
*	NW Loomis AllCap Gr R6	Mutual Fund	n/a		379,518
*	BlkRk Hi Yld Bd Inst	Mutual Fund	n/a		274,278
*	Fid 500 Indx	Mutual Fund	n/a		767,683
*	Fid Intl Indx	Mutual Fund	n/a		406,851
*	Fid US Bd Indx	Mutual Fund	n/a		336,078
*	NW Inv Dest Aggr R6	Mutual Fund	n/a		572,844
*	NW Inv Dest Cnsrv R6	Mutual Fund	n/a		150,056
*	NW Inv Dest Mod Cnsrv R6	Mutual Fund	n/a		222,462
*	NW Inv Dest Mod Aggr R6	Mutual Fund	n/a		1,221,551
*	NW Inv Dest Mod R6	Mutual Fund	n/a		770,134
*	Harbor Intl Gr Inv	Mutual Fund	n/a		474,588
*	Okmrk Eq Inc II	Mutual Fund	n/a		326,203

See accompanying independent auditors' report and notes to financial statements.

CDDS 401(k) Plan
EIN# 57-0511133 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held
for Investment Purposes at End of Year (Continued)
December 31, 2019

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Maturity Date, Rate, Collateral, Value	** (d) Cost	(e) Current Value
*	LrdAbt Devl Gr A	Mutual Fund	n/a	\$ 512,196
*	MFS Intl Intrinsic Val A	Mutual Fund	n/a	389,894
*	PIMCO Ttl Rtn A	Mutual Fund	n/a	135,440
*	Invsco Opp Intl Gr A	Mutual Fund	n/a	15,679
*	Prncpl MdCap A	Mutual Fund	n/a	1,642,440
*	PIMCO Real Rtn Inst	Mutual Fund	n/a	292,270
*	WF Gr A	Mutual Fund	n/a	123,390
*	Virtus Crdex MdCpValEq I	Mutual Fund	n/a	10,856
*	NW Gov Mny Mkt R6	Interest bearing cash	n/a	4,406
*	NW FXD SEL OPTN	Insurance General Account	n/a	32,130
*	Notes receivable from participants	Bearing interest at 4.25%-7.5%	-	188,867
	Total assets held at End of Year			<u>\$ 15,614,580</u>

* A party-in-interest as defined by ERISA

** Not required for participant-directed transactions under an individual account plan

CDDS 401(k) Plan
EIN# 57-0511133 PN# 001
Exhibit B – Form 5500, Schedule H, line 4a - Schedule of Delinquent
Participant Contributions
Year Ended December 31, 2019

Participant Contributions Transferred Late to Plan \$ 250,635	Total that Constitute Nonexempt Prohibited Transactions \$ 250,635			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: []	Contributions Not Corrected \$ 170,506	Contributions Corrected Outside VFCP \$ 80,158 **	Contributions Pending Correction in VFCP	

** Includes the remittance of lost earnings

CDDS 401(k) Plan
EIN# 57-0511133 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held
for Investment Purposes at End of Year
December 31, 2019

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Maturity Date, Rate, Collateral, Value	** (d) Cost	(e) Current Value	
*	AmBcn Intl Eq Adv	Mutual Fund	n/a	\$	464,248
*	EV Emrg Mkt Local Inc A	Mutual Fund	n/a		184,536
*	BlkRk Ttl Rtn Inv A	Mutual Fund	n/a		182,232
*	DFA Intl Cor Eq Inst	Mutual Fund	n/a		183,194
*	DFA Emrg Mkt Cor Eq Inst	Mutual Fund	n/a		385,371
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*	DFA Infl Prtct Sec Inst	Mutual Fund	n/a		15,689
*	LrdAbt Flotng Rt A	Mutual Fund	n/a		2
*	BlkRk Strat Inc Oppr Inv A	Mutual Fund	n/a		215,850
*	Col Sel LgCap Gr Inst2	Mutual Fund	n/a		331,534
*	Vngrd 500 Index Fd AS	Mutual Fund	n/a		707,326
*	Vngrd Mid-Cap Idx Fd AS	Mutual Fund	n/a		257,285
*	Vngrd Sm Cap Indx Fd AS	Mutual Fund	n/a		247,920
*	Vngrd Ttl Bnd Mkt Idx Adm	Mutual Fund	n/a		6
*	Vngrd Ttl IntlStkIndx Adml	Mutual Fund	n/a		61,428
*	Vngrd Explr Adml	Mutual Fund	n/a		205,509
*	Vngrd GNMA Adml	Mutual Fund	n/a		128,510
*	Vngrd Ttl Intl Bd Idx Adml	Mutual Fund	n/a		45,855
*	DFA US LgCap Val Inst	Mutual Fund	n/a		798,743
*	DFA US Cor Eq I	Mutual Fund	n/a		400,322
*	DFA US Trgt Val Inst	Mutual Fund	n/a		473,078
*	LrdAbt Flotng Rt R4	Mutual Fund	n/a		6
*	Prncpl RealEst Sec Inst	Mutual Fund	n/a		4
*	PGIM Ttl Rtn Bd R6	Mutual Fund	n/a		454,097
*	JPM Eq Inc R5	Mutual Fund	n/a		383,441
*	NW Loomis AllCap Gr R6	Mutual Fund	n/a		379,518
*	BlkRk Hi Yld Bd Inst	Mutual Fund	n/a		274,278
*	Fid 500 Indx	Mutual Fund	n/a		767,683
*	Fid Intl Indx	Mutual Fund	n/a		406,851
*	Fid US Bd Indx	Mutual Fund	n/a		336,078
*	NW Inv Dest Aggr R6	Mutual Fund	n/a		572,844
*	NW Inv Dest Cnsrv R6	Mutual Fund	n/a		150,056
*	NW Inv Dest Mod Cnsrv R6	Mutual Fund	n/a		222,462
*	NW Inv Dest Mod Aggr R6	Mutual Fund	n/a		1,221,551
*	NW Inv Dest Mod R6	Mutual Fund	n/a		770,134
*	Harbor Intl Gr Inv	Mutual Fund	n/a		474,588
*	Okmrk Eq Inc II	Mutual Fund	n/a		326,203

See accompanying independent auditors' report and notes to financial statements.

CDDS 401(k) Plan
EIN# 57-0511133 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held
for Investment Purposes at End of Year (Continued)
December 31, 2019

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment Maturity Date, Rate, Collateral, Value	(d) ** Cost	(e) Current Value
*	LrdAbt Devl Gr A	Mutual Fund	n/a	\$ 512,196
*	MFS Intl Intrinsic Val A	Mutual Fund	n/a	389,894
*	PIMCO Ttl Rtn A	Mutual Fund	n/a	135,440
*	Invsco Opp Intl Gr A	Mutual Fund	n/a	15,679
*	Prncpl MdCap A	Mutual Fund	n/a	1,642,440
*	PIMCO Real Rtn Inst	Mutual Fund	n/a	292,270
*	WF Gr A	Mutual Fund	n/a	123,390
*	Virtus Crdex MdCpValEq I	Mutual Fund	n/a	10,856
*	NW Gov Mny Mkt R6	Interest bearing cash	n/a	4,406
*	NW FXD SEL OPTN	Insurance General Account	n/a	32,130
*	Notes receivable from participants	Bearing interest at 4.25%-7.5%	-	188,867
	Total assets held at End of Year			<u>\$ 15,614,580</u>

* A party-in-interest as defined by ERISA

** Not required for participant-directed transactions under an individual account plan

CDDS 401(k) Plan
EIN# 57-0511133 PN# 001
Exhibit B – Form 5500, Schedule H, line 4a - Schedule of Delinquent
Participant Contributions
Year Ended December 31, 2019

Participant Contributions Transferred Late to Plan \$ 250,635	Total that Constitute Nonexempt Prohibited Transactions \$ 250,635			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: []	Contributions Not Corrected \$ 170,506	Contributions Corrected Outside VFCP \$ 80,158 **	Contributions Pending Correction in VFCP	

** Includes the remittance of lost earnings