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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                | <b>Annual Report Identification Information</b><br>For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>                                                                                                                                                                               |
| <b>A</b> This return/report is for:                                          | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                              | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . . ▶ | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                          | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                     |                                                                  |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                 | <b>Basic Plan Information</b> —enter all requested information |                                                                     |                                                                  |
| <b>1a</b> Name of plan<br><br><u>GRACE MANUFACTURING INC. 401(K) PLAN</u>                                                                                                                                                                                                                                                                                                      | <b>1b</b> Three-digit plan number (PN) ▶                       | <u>001</u>                                                          |                                                                  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br><u>GRACE STAKEHOLDER INVESTMENTS, INC.</u><br><br><u>614 SR 247</u><br><u>RUSSELLVILLE, AR 72801-8408</u> | <b>1c</b> Effective date of plan<br><u>08/01/1996</u>          | <b>2b</b> Employer Identification Number (EIN)<br><u>71-0491239</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>479-968-5455</u> |
|                                                                                                                                                                                                                                                                                                                                                                                |                                                                | <b>2d</b> Business code (see instructions)<br><u>332900</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2020 | AMY RHODES                                                   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2020 | AMY RHODES                                                   |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2019)  
v. 190130

|                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                    | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name <b>GRACE MANUFACTURING INC.</b><br><b>c</b> Plan Name <b>GRACE MANUFACTURING INC. 401(K) PROFIT SHARING PLAN AND TRUST</b> | <b>4b</b> EIN <b>71-0491239</b><br><b>4d</b> PN <b>001</b>                                                                                                       |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                     | <b>5</b> <b>125</b>                                                                                                                                              |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                            |                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                     | <b>6a(1)</b> <b>109</b>                                                                                                                                          |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                           | <b>6a(2)</b> <b>117</b>                                                                                                                                          |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                          | <b>6b</b> <b>0</b>                                                                                                                                               |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                          | <b>6c</b> <b>26</b>                                                                                                                                              |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                 | <b>6d</b> <b>143</b>                                                                                                                                             |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                  | <b>6e</b> <b>0</b>                                                                                                                                               |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                     | <b>6f</b> <b>143</b>                                                                                                                                             |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                             | <b>6g</b> <b>95</b>                                                                                                                                              |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                  | <b>6h</b> <b>0</b>                                                                                                                                               |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                         | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2E 2G 2J 2K 3D</b>                                                                                                                                                                                                       |                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                 |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>GRACE MANUFACTURING INC. 401(K) PLAN</b>                                                                                                                                                                                                     | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>GRACE STAKEHOLDER INVESTMENTS, INC.</b>                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><b>71-0491239</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 4822                  | 4901            |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 8278                  | 8462            |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 430827                | 363688          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       | 79403           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 4562794               | 4964876         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                 |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 5006721 5421330 |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             | 2672 4701       |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                 |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                 |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                 |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 2672 4701       |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 5004049 5416629 |

**Part II Income and Expense Statement**

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

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 158077    |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 288584    |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> |           |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 446661    |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> | 206       |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 206       |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> | 281579    |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> |           |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 281579    |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                 |        | (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) |            | 801545    |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 1529991   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 1115191 |         |
| (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) |         | 1115191 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         |         |
| h Interest expense .....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) |         |         |
| (2) Contract administrator fees .....                                                | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 2220    |         |
| (4) Other .....                                                                      | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 2220    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 1117411 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 412580 |
| 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: **SHOPTAW, LABAHN, & COMPANY, P.A.**

(2) EIN: **71-0698607**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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.) .....                                          |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>d</b> 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.).....                                |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>g</b> 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?.....                                                     |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>h</b> 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?.....                                           |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |        |
| <b>j</b> 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.) ..... |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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.)

|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                      | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>GRACE MANUFACTURING INC. 401(K) PLAN                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GRACE STAKEHOLDER INVESTMENTS, INC.                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>71-0491239                                            |
| 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):<br><br>EIN(s): 95-6817943                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_

GRACE MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST

Financial Statements

December 31, 2019 and 2018

(With Independent Auditors' Report Thereon)

# SHOPTAW, LABAHN & COMPANY, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

JOHN W. SHOPTAW, CPA

LORI A. MELTON, CPA

JEFFREY S. NUFER, CPA

915 WEST MAIN, SUITE B, P.O. BOX 1065, RUSSELLVILLE, ARKANSAS 72811

TEL. 479-967-3600

FAX 479-967-2131

## Independent Auditors' Report

Administrative Committee and  
Participants of Salary Savings Plan:

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Grace Manufacturing, Inc. 401(K) Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 6, which was certified by Capitol Bank and Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

### **Disclaimer of Opinion**

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

### **Other Matter**

The supplemental schedules of as of or for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.

October 13, 2020  
Russellville, Arkansas

*Shoptaw, Zabala & Company, P.A.*

GRACE MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Benefits

As of December 31, 2019 and 2018

|                                        | <u>2019</u>         | <u>2018</u>      |
|----------------------------------------|---------------------|------------------|
| Assets:                                |                     |                  |
| Investments at fair value              | \$ 5,328,564        | 4,993,621        |
| Receivables:                           |                     |                  |
| Participant contribution               | 8,462               | 8,278            |
| Employer contribution                  | <u>4,901</u>        | <u>4,822</u>     |
| Total receivables                      | <u>13,363</u>       | <u>13,100</u>    |
| Loans to participants                  | <u>79,403</u>       | <u>-</u>         |
| Total assets                           | <u>\$ 5,421,330</u> | <u>5,006,721</u> |
| Liabilities:                           |                     |                  |
| Benefits payable                       | <u>4,701</u>        | <u>2,672</u>     |
| Net assets available for plan benefits | <u>\$ 5,416,629</u> | <u>5,004,049</u> |

See accompanying notes to financial statements.

GRACE MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST

Statements of Changes in Net Assets Available for Benefits

Year ended December 31, 2019

|                                                  | <u>2019</u>                |
|--------------------------------------------------|----------------------------|
| Additions:                                       |                            |
| Contributions:                                   |                            |
| Participants                                     | \$ 288,584                 |
| Employer                                         | <u>158,077</u>             |
| Total contributions                              | 446,661                    |
| Net appreciation in fair value of<br>investments | 801,545                    |
| Participant loan interest                        | 206                        |
| Interest and dividend income                     | <u>281,579</u>             |
| Total investment income                          | <u>1,083,330</u>           |
| Total additions                                  | <u>1,529,991</u>           |
| Deductions:                                      |                            |
| Benefits paid to participants                    | 1,115,191                  |
| Administrative expenses                          | <u>2,220</u>               |
| Total deductions                                 | <u>1,117,411</u>           |
| Net decrease                                     | 412,580                    |
| Net assets available for benefits:               |                            |
| Beginning of year                                | <u>5,004,049</u>           |
| End of year                                      | <u><u>\$ 5,416,629</u></u> |

See accompanying notes to financial statements.

# GRACE MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST

## Notes to Financial Statements

December 31, 2019 and 2018

### (1) DESCRIPTION

The following description of the Grace Manufacturing, Inc. 401(K) Profit Sharing Plan and Trust (the "Plan"), is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the Plan document.

#### (a) General

The Plan is a participant directed defined contribution plan sponsored by Grace Manufacturing, Inc. (the "Company") under the provision of Section 401(a) of the Internal Revenue Code ("IRC"), which includes a qualified cash or deferred arrangement as described in section 401(K) of the IRC, for the benefit of eligible employees of the Company. All employees of the Company who have completed one year of service, as defined, are eligible to participate, provided they are at least 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective January 1, 2011, the Plan was amended to allow Safe Harbor Matching Contribution provisions of the IRC. The amendments include provisions that expand the amount of employer matching contributions and the related vesting of Safe Harbor amounts contributed to the Plan. Effective October 19, 2015, the Plan was amended to allow Plan participants to roll over other eligible plan assets to the Plan. During 2019, the plan was amended to include a participant loan program. The amendment was made in accordance with regulatory authority and is not believed to impact the qualified status of the plan.

#### (b) Plan Administration

The Company has adopted a Prototype Standardized Profit Sharing Plan. American Funds is responsible for the custody and management of the Plan's assets. The Company is represented by the trustees of the Plan. The trustees of the Plan are appointed by the Company.

#### (c) Contributions

Eligible employees can contribute from 1% to 15% of their compensation as defined by the Plan, subject to certain limitations under the IRC. The Company will make a Safe Harbor Matching Contribution equal to 100% of the participant deferrals that do not exceed 3% of eligible compensation plus 50% of participant deferrals in excess of 3% up to a maximum of 5% of eligible compensation. An additional profit sharing contribution may also be made at the Company's discretion.

(Continued)

# GRACE MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST

## Notes to Financial Statements, Continued

### (d) Vesting

Participants are fully vested in their contributions and the earnings thereon. Beginning January 1, 2011, participants are fully vested in the employer Safe Harbor matching contributions to the Plan. For employer matching contributions made to the plan prior to January 1, 2011, participants are vested in those employer matching contributions, discretionary profit sharing contributions and plan earnings and gains in accordance with the following vesting schedule.

| <u>Years of service</u>  | <u>Percent vested</u> |
|--------------------------|-----------------------|
| Less than two            | 0%                    |
| Two but less than three  | 20%                   |
| Three but less than four | 40%                   |
| Four but less than five  | 60%                   |
| Five but less than six   | 80%                   |
| Six or more              | 100%                  |

Forfeitures supplement the employer's discretionary contribution under the Plan and total \$3,688 at December 31, 2019.

### (e) Payment of Benefits

On retirement, death, disability, or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the participant's vested account balance. In addition, hardship distributions are permitted from a participant's elective account.

### (f) Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer matching contributions, as well as the participant's share of the Plan's income and any related administrative expenses. Allocations of income and expenses are based on the proportion that each participant's account balance bears to the total of all participant account balances.

### (g) Participant Loans

The plan document includes provisions authorizing loans from the Plan to active eligible participants. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. A participant may have one Plan loan outstanding at a time. The loans are secured by the balance in the participant's account and bear interest based on the prime rate plus 2%, as specified in the Wall Street Journal.

(Continued)

# GRACE MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST

## Notes to Financial Statements, Continued

Loans are repaid through payroll withholdings unless the participant elects to pay the loan in full, and must be repaid within five years unless the loan is used to acquire a principal residence. Loan balances unpaid upon a participants termination are reclassified as participant deemed distributions unless paid in full.

### (2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### (a) Basis of Accounting

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

#### (b) Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

#### (c) Investment Valuations

Investments are stated at fair value determined by quoted market prices, which represents the net asset value of shares in mutual funds held by the Plan at year end.

#### (d) Administrative Expenses

Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan sponsor and are not reflected in the accompanying statements.

### (3) TAX STATUS

The Plan has received a favorable determination letter dated September 18, 2001 from the Internal Revenue Service. The Plan's federal information return is subject to examination by the Internal Revenue Service for a period of three years from the date they are filed. Years open for examination include 2019, 2018 and 2017.

### (4) PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the ERISA. In the event of Plan termination, participants will become fully vested in their account balances.

(Continued)

# GRACE MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST

## Notes to Financial Statements, Continued

### (5) 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially adversely affect the participants' account balances and the amounts reported in the statements of net assets available for benefits. The financial statements have been prepared using values and information currently available to the Plan.

### (6) INVESTMENTS

The following is a detail of the Plan's investments held in mutual funds reported at fair value as of December 31, 2019 as certified by Capitol Bank and Trust Company, the custodian of the funds and 2018:

| Identity of Issuer | Description of Investment                    | 2019       |                         |
|--------------------|----------------------------------------------|------------|-------------------------|
|                    |                                              | Fair Value | Percent of Total Assets |
| American Funds     | Washington Mutual Investors Fund - Class A   | \$ 601,518 | 11.29%                  |
| American Funds     | The Growth Fund of America - Class A         | 1,306,976  | 24.53%                  |
| American Funds     | The Income Fund of America - Class A         | 100,625    | 1.89%                   |
| American Funds     | The Bond Fund of America - Class A           | 109,074    | 2.05%                   |
| American Funds     | Money Market Fund                            | 363,688    | 6.83%                   |
| American Funds     | Fundamental Investors Fund - Class A         | 865,088    | 16.23%                  |
| American Funds     | Capital Income Builder - Class A             | 206,806    | 3.88%                   |
| American Funds     | The Balanced Fund - Class A                  | 7,527      | 0.14%                   |
| American Funds     | The New Perspective Fund - Class A           | 13,381     | 0.25%                   |
| American Funds     | The Capital Fund - Class A                   | 4,164      | 0.08%                   |
| American Funds     | The New Economy Fund - Class A               | 405,518    | 7.61%                   |
| American Funds     | EuroPacific Growth Fund - Class A            | 142,171    | 2.67%                   |
| American Funds     | U.S. Government Securities Fund - Class A    | 71,586     | 1.34%                   |
| American Funds     | Capital World Growth & Income Fund - Class A | 493,266    | 9.26%                   |
| American Funds     | SMALLCAP World Fund - Class A                | 246,549    | 4.63%                   |
| American Funds     | New World Fund - Class A                     | 229,418    | 4.31%                   |
| American Funds     | Target Fund 10                               | 15,353     | 0.29%                   |
| American Funds     | Target Fund 25                               | 3,401      | 0.06%                   |
| American Funds     | Target Fund 30                               | 4,985      | 0.09%                   |
| American Funds     | Target Fund 40                               | 63,880     | 1.20%                   |

(Continued)

GRACE MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements, Continued

(6) INVESTMENTS (continued)

| Identity of Issuer | Description of Investment                    | 2019               |                         |
|--------------------|----------------------------------------------|--------------------|-------------------------|
|                    |                                              | Fair Value         | Percent of Total Assets |
| American Funds     | Target Fund 45                               | 5,697              | 0.11%                   |
| American Funds     | Target Fund 50                               | 9,911              | 0.19%                   |
| American Funds     | Target Fund 35                               | 2,225              | 0.04%                   |
| American Funds     | Capital World Bond Fund                      | -                  | 0.00%                   |
| American Funds     | American Mutual Fund                         | 7,272              | 0.14%                   |
| American Funds     | Target Fund 60                               | 48,485             | 0.91%                   |
|                    |                                              | <u>\$5,328,564</u> | <u>100.00%</u>          |
| Identity of Issuer | Description of Investment                    | 2018               |                         |
|                    |                                              | Fair Value         | Percent of Total Assets |
| American Funds     | Washington Mutual Investors Fund - Class A   | \$ 507,263         | 615.68%                 |
| American Funds     | The Growth Fund of America - Class A         | 1,483,182          | 1800.17%                |
| American Funds     | The Income Fund of America - Class A         | 79,027             | 95.92%                  |
| American Funds     | The Bond Fund of America - Class A           | 235,669            | 286.04%                 |
| American Funds     | Money Market Fund                            | 430,827            | 522.91%                 |
| American Funds     | Fundamental Investors Fund - Class A         | 669,485            | 812.57%                 |
| American Funds     | Capital Income Builder - Class A             | 195,660            | 237.48%                 |
| American Funds     | The Balanced Fund - Class A                  | 4,355              | 5.29%                   |
| American Funds     | The New Perspective Fund - Class A           | 5,885              | 7.14%                   |
| American Funds     | The Capital Fund - Class A                   | 4,124              | 5.01%                   |
| American Funds     | The New Economy Fund - Class A               | 312,730            | 379.57%                 |
| American Funds     | EuroPacific Growth Fund - Class A            | 100,318            | 121.76%                 |
| American Funds     | U.S. Government Securities Fund - Class A    | 107,656            | 130.66%                 |
| American Funds     | Capital World Growth & Income Fund - Class A | 402,638            | 488.69%                 |
| American Funds     | SMALLCAP World Fund - Class A                | 176,726            | 214.50%                 |
| American Funds     | New World Fund - Class A                     | 183,713            | 222.98%                 |
| American Funds     | Target Fund 10                               | 9,831              | 11.93%                  |
| American Funds     | Target Fund 25                               | 2,141              | 2.60%                   |

(Continued)

GRACE MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements, Continued

| Identity of Issuer | Description of Investment | 2018                |                         |
|--------------------|---------------------------|---------------------|-------------------------|
|                    |                           | Fair Value          | Percent of Total Assets |
| American Funds     | Target Fund 30            | 2,155               | 0.04%                   |
| American Funds     | Target Fund 40            | 32,361              | 0.65%                   |
| American Funds     | Target Fund 45            | 6,116               | 0.12%                   |
| American Funds     | Target Fund 50            | 6,486               | 0.13%                   |
| American Funds     | Target Fund 35            | 28                  | 0.00%                   |
| American Funds     | Capital World Bond Fund   | 128                 | 0.00%                   |
| American Funds     | American Mutual Fund      | 1,059               | 0.02%                   |
| American Funds     | Target Fund 60            | 34,058              | 0.68%                   |
|                    |                           | <u>\$ 4,993,621</u> | <u>100.00%</u>          |

(7) FAIR VALUE MEASUREMENTS OF INVESTMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures* provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 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:

- a. Quoted prices for similar assets or liabilities in active markets
- b. Quoted prices for identical or similar assets or liabilities in inactive markets
- c. Inputs other than quoted prices that are observable for the asset or liability
- d. 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.

(Continued)

# GRACE MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST

## Notes to Financial Statements, Continued

### (7) FAIR VALUE MEASUREMENTS OF INVESTMENTS (continued)

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 use 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.

Temporary cash - forfeitures are valued at market value which approximates net realizable value. Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

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

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

| Assets at Fair Value as of December 31, 2019 |                     |          |          |                  |
|----------------------------------------------|---------------------|----------|----------|------------------|
|                                              | Level 1             | Level 2  | Level 3  | Total            |
| Temporary cash - forfeitures                 | \$ 3,688            | -        | -        | 3,688            |
| Interest bearing money market                | 360,000             | -        | -        | 360,000          |
| Mutual Funds                                 | 4,964,876           | -        | -        | 4,964,876        |
|                                              | <u>\$ 5,328,564</u> | <u>-</u> | <u>-</u> | <u>5,328,564</u> |
| Assets at Fair Value as of December 31, 2018 |                     |          |          |                  |
|                                              | Level 1             | Level 2  | Level 3  | Total            |
| Temporary cash - forfeitures                 | \$ 3,477            | -        | -        | 3,477            |
| Interest bearing money market                | 427,350             | -        | -        | 427,350          |
| Mutual Funds                                 | 4,562,794           | -        | -        | 4,562,794        |
|                                              | <u>\$ 4,993,621</u> | <u>-</u> | <u>-</u> | <u>4,993,621</u> |

# GRACE MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST

## Notes to Financial Statements, Continued

### (7) FAIR VALUE MEASUREMENTS OF INVESTMENTS (continued)

The following schedule summarizes the investment return and the classification in the statements of activities for the years ended December 31, 2019:

|                                               | 2019                |
|-----------------------------------------------|---------------------|
| Interest and dividends                        | \$ 281,579          |
| Participant loan interest                     | 206                 |
| Net appreciation in fair value of investments | 801,545             |
|                                               | <u>\$ 1,083,330</u> |

### (8) PARTICIPANT LOANS

The following is a reconciliation of the beginning and ending balances of participant loans, as certified by Capitol Bank and Trust, recognized in the accompanying statements of net assets available plan benefits:

|                            |                  |
|----------------------------|------------------|
| Balance, December 31, 2018 | -                |
| Issuances and conversions  | 80,110           |
| Repayments and discharges  | (707)            |
| Balance, December 31, 2019 | <u>\$ 79,403</u> |

### (9) CONCENTRATIONS

Approximately 52% of the assets held in the Plan are accounted for by three mutual funds.

### (10) SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 13, 2020, which is the date the financial statements were available to be issued.

Subsequent to December 31, 2019, a pandemic has broken out which has had major health and economic implications to all entities. Management continues to consider measures to mitigate associated risks to the plan's investments.

## SUPPLEMENTAL INFORMATION

## GRACE MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST

Plan Sponsor Employer Identification Number: 71-0491239

Plan Number: 001

## Schedule H Part IV line 4(i) Schedule of Assets (Held at End of Year)

December 31, 2019

| <u>(a) (b) Identity of Issue</u> | <u>(c) Description of Investment</u>           | <u>(d) Cost</u> | <u>(e) Current Value</u> |
|----------------------------------|------------------------------------------------|-----------------|--------------------------|
| (* - party in interest)          |                                                |                 |                          |
| * American Funds                 | Washington Mutual Investors Fund - Class A     | N/A             | \$ 601,518               |
| * American Funds                 | The Growth Fund of America - Class A           | N/A             | 1,306,976                |
| * American Funds                 | The Income Fund of America - Class A           | N/A             | 100,625                  |
| * American Funds                 | The Bond Fund of America - Class A             | N/A             | 109,074                  |
| * American Funds                 | Fundamental Investors - Class A                | N/A             | 865,088                  |
| * American Funds                 | Capital Income Builder - Class A               | N/A             | 206,806                  |
| * American Funds                 | The New Economy Fund - Class A                 | N/A             | 405,518                  |
| * American Funds                 | EuroPacific Growth Fund - Class A              | N/A             | 142,171                  |
| * American Funds                 | U.S. Government Securities Fund - Class A      | N/A             | 71,586                   |
| * American Funds                 | Capital World Growth and Income Fund - Class A | N/A             | 493,266                  |
| * American Funds                 | SMALLCAP World Fund - Class A                  | N/A             | 246,549                  |
| * American Funds                 | New World Fund - Class A                       | N/A             | 229,418                  |
| * American Funds                 | The Balanced Fund - Class A                    | N/A             | 7,527                    |
| * American Funds                 | The New Perspective Fund - Class A             | N/A             | 13,381                   |
| * American Funds                 | The Capital Fund - Class A                     | N/A             | 4,164                    |
| * American Funds                 | Target Fund 10                                 | N/A             | 15,353                   |
| * American Funds                 | Target Fund 25                                 | N/A             | 3,401                    |
| * American Funds                 | Target Fund 30                                 | N/A             | 4,985                    |

## GRACE MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST

Plan Sponsor Employer Identification Number: 71-0491239

Plan Number: 001

Schedule H Part IV line 4(i) Schedule of Assets (Held at End of Year) (continued)

December 31, 2019

| <u>(a) (b) Identity of Issue</u>                          | <u>(c) Description of Investment</u>      | <u>(d) Cost</u> | <u>(e) Current Value</u> |
|-----------------------------------------------------------|-------------------------------------------|-----------------|--------------------------|
| (* - party in interest)                                   |                                           |                 |                          |
| * American Funds                                          | Target Fund 40                            | N/A             | 63,880                   |
| * American Funds                                          | Target Fund 45                            | N/A             | 5,697                    |
| * American Funds                                          | Target Fund 50                            | N/A             | 9,911                    |
| * American Funds                                          | Target Fund 60                            | N/A             | 48,485                   |
| * American Funds                                          | American Mutual Fund                      | N/A             | 7,272                    |
| * American Funds                                          | Target Fund 35                            | N/A             | 2,225                    |
| * American Funds                                          | Money Market Fund (including forfeitures) | N/A             | 363,688                  |
| * Participant loans (interest rate 6.75% (Prime plus 2%)) |                                           | N/A             | 79,403                   |

## SUPPLEMENTAL INFORMATION

## GRACE MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST

Plan Sponsor Employer Identification Number: 71-0491239

Plan Number: 001

## Schedule H Part IV line 4(i) Schedule of Assets (Held at End of Year)

December 31, 2019

| (a) (b) Identity of Issue<br>(* - party in interest) | (c) Description of Investment                  | (d) Cost | (e) Current Value |
|------------------------------------------------------|------------------------------------------------|----------|-------------------|
| * American Funds                                     | Washington Mutual Investors Fund - Class A     | N/A      | \$ 601,518        |
| * American Funds                                     | The Growth Fund of America - Class A           | N/A      | 1,306,976         |
| * American Funds                                     | The Income Fund of America - Class A           | N/A      | 100,625           |
| * American Funds                                     | The Bond Fund of America - Class A             | N/A      | 109,074           |
| * American Funds                                     | Fundamental Investors - Class A                | N/A      | 865,088           |
| * American Funds                                     | Capital Income Builder - Class A               | N/A      | 206,806           |
| * American Funds                                     | The New Economy Fund - Class A                 | N/A      | 405,518           |
| * American Funds                                     | EuroPacific Growth Fund - Class A              | N/A      | 142,171           |
| * American Funds                                     | U.S. Government Securities Fund - Class A      | N/A      | 71,586            |
| * American Funds                                     | Capital World Growth and Income Fund - Class A | N/A      | 493,266           |
| * American Funds                                     | SMALLCAP World Fund - Class A                  | N/A      | 246,549           |
| * American Funds                                     | New World Fund - Class A                       | N/A      | 229,418           |
| * American Funds                                     | The Balanced Fund - Class A                    | N/A      | 7,527             |
| * American Funds                                     | The New Perspective Fund - Class A             | N/A      | 13,381            |
| * American Funds                                     | The Capital Fund - Class A                     | N/A      | 4,164             |
| * American Funds                                     | Target Fund 10                                 | N/A      | 15,353            |
| * American Funds                                     | Target Fund 25                                 | N/A      | 3,401             |
| * American Funds                                     | Target Fund 30                                 | N/A      | 4,985             |

## GRACE MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST

Plan Sponsor Employer Identification Number: 71-0491239

Plan Number: 001

## Schedule H Part IV line 4(i) Schedule of Assets (Held at End of Year) (continued)

December 31, 2019

| <u>(a) (b) Identity of Issue</u>                          | <u>(c) Description of Investment</u>      | <u>(d) Cost</u> | <u>(e) Current Value</u> |
|-----------------------------------------------------------|-------------------------------------------|-----------------|--------------------------|
| (* - party in interest)                                   |                                           |                 |                          |
| * American Funds                                          | Target Fund 40                            | N/A             | 63,880                   |
| * American Funds                                          | Target Fund 45                            | N/A             | 5,697                    |
| * American Funds                                          | Target Fund 50                            | N/A             | 9,911                    |
| * American Funds                                          | Target Fund 60                            | N/A             | 48,485                   |
| * American Funds                                          | American Mutual Fund                      | N/A             | 7,272                    |
| * American Funds                                          | Target Fund 35                            | N/A             | 2,225                    |
| * American Funds                                          | Money Market Fund (including forfeitures) | N/A             | 363,688                  |
| * Participant loans (interest rate 6.75% (Prime plus 2%)) |                                           | N/A             | 79,403                   |

**AUTHORIZATION TO E-FILE ANNUAL INFORMATION RETURN  
(Form 5500 Series and 8955-SSA)**

Plan Sponsor: Grace Stakeholder Investments, Inc.  
Plan Name: Grace Manufacturing Inc. 401(k) Plan

EIN: 83-2940558  
PN: 001

Forms to E-file: ☒ 5500 and attachments  
☐ 8955-SSA

For year beginning in: 2019

Boulay PLLP has drafted and provided you with the annual information return(s) identified above. The Plan Sponsor may authorize Boulay to transmit the electronic filing by providing signed and dated copies of:

1. This signed and dated Authorization to E-File Annual Information Return; **and**
2. Page 1 of the signed and dated Form 5500.

The Plan Sponsor is responsible to file all information returns timely. Engaging Boulay PLLP to assist you does not relieve the Plan Sponsor of this responsibility. The Plan Sponsor should retain signed copies of all forms filed.

Plan Sponsor/Plan Administrator Representations:

By signature below, each of the undersigned person(s) represents:

- I am authorized to sign and file the information return(s) identified above.
- I am authorized to sign this "Authorization to E-File Annual Information Returns" form.
- I have reviewed and approved the information returns, including any accompanying schedules or statements, identified above. Such returns are true, correct, and complete to the best of my knowledge and belief.
- I authorize Boulay PLLP or its representative to electronically transmit the information return(s) identified above on the Plan Sponsor's behalf.
- I understand that a copy of the first two pages of the signed Form 5500 will be attached to the electronic filing, and an image of my signature will be visible on the filing posted on the DOL's website for public disclosure.

Plan Administrator:

Amy Rhodes  
PrintName

Amy Rhodes  
Signature

10/14/2020  
Date

Employer/Plan Sponsor:

Amy Rhodes  
Print Name

Amy Rhodes  
Signature

10/14/2020  
Date

Email signed and dated forms to [cgustafson@boulaygroup.com](mailto:cgustafson@boulaygroup.com)

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2019</b><br><br>This Form is Open to Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

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

|                                                                                                         |                                                |                                          |     |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------|-----|
| <b>Part II Basic Plan Information</b> —enter all requested information                                  |                                                |                                          |     |
| <b>1a</b> Name of plan                                                                                  |                                                | <b>1b</b> Three-digit plan number (PN) ▶ | 001 |
| GRACE MANUFACTURING INC. 401(K) PLAN                                                                    |                                                | <b>1c</b> Effective date of plan         |     |
|                                                                                                         |                                                | 08/01/1996                               |     |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)                                 | <b>2b</b> Employer Identification Number (EIN) |                                          |     |
| Mailing address (include room, apt., suite no. and street, or P.O. Box)                                 | 71-0491239                                     |                                          |     |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | <b>2c</b> Plan Sponsor's telephone number      |                                          |     |
| GRACE STAKEHOLDER INVESTMENTS, INC.                                                                     | (479) 968-5455                                 |                                          |     |
| 614 SR 247                                                                                              | <b>2d</b> Business code (see instructions)     |                                          |     |
| RUSSELLVILLE                                                                                            | 332900                                         |                                          |     |
|                                                                                                         | AR 72801-8408                                  |                                          |     |

**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<br>HERE |                                    | 10/14/2020 | AMY RHODES                                                   |
|              | Signature of plan administrator    | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                    | 10/14/2020 | AMY RHODES                                                   |
|              | Signature of employer/plan sponsor | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>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