

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>			
A This return/report is for:	☒ a single-employer plan	☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a one-participant plan	☐ a foreign plan	
B This return/report is	☐ the first return/report	☐ the final return/report	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ DFVC program
	☐ special extension (enter description)		

Part II Basic Plan Information —enter all requested information			
1a Name of plan <u>PRINCE SPECIALTY PRODUCTS LLC BALTIMORE PLANT BARGAINING UNIT EMPLOYEES PENSION PLAN</u>	1b Three-digit plan number (PN) ►	<u>003</u>	
	1c Effective date of plan	<u>07/01/1978</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PRINCE SPECIALTY PRODUCTS LLC</u> <u>610 PITTMAN ROAD</u> <u>BALTIMORE, MD 21226-1792</u>	2b Employer Identification Number (EIN)	<u>52-1272156</u>	
	2c Sponsor's telephone number	<u>410-789-8800</u>	
	2d Business code (see instructions)	<u>325300</u>	
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN		
	3c Administrator's telephone number		
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name <u>PRINCE ERACHEM INC.</u> c Plan Name <u>THE ERACHEM COMILOG, INC. BALTIMORE PLANT</u>	4b EIN	<u>52-1272156</u>	
	4d PN	<u>003</u>	
5a Total number of participants at the beginning of the plan year	5a	<u>82</u>	
b Total number of participants at the end of the plan year	5b	<u>80</u>	
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c		
d(1) Total number of active participants at the beginning of the plan year	5d(1)	<u>14</u>	
d(2) Total number of active participants at the end of the plan year	5d(2)	<u>13</u>	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	<u>0</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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	STEFFANY UPSCHULTE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	STEFFANY UPSCHULTE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 4240965. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	6813158	7784031
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	6813158	7784031
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	1499120	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1499120
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	418459	
e Certain deemed and/or corrective distributions (see instructions) ...	8e		
f Administrative service providers (salaries, fees, commissions)	8f	79075	
g Other expenses	8g	30713	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		528247
i Net income (loss) (subtract line 8h from line 8c)	8i		970873
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1I 3H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		☒	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		☒	
c Was the plan covered by a fidelity bond?	10c	☒		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		☒	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		☒	
f Has the plan failed to provide any benefit when due under the plan?	10f		☒	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		☒	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		☒	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		☒	

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☒ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>PRINCE SPECIALTY PRODUCTS LLC BALTIMORE PLANT BARGAINING UNIT</u> <u>EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PRINCE SPECIALTY PRODUCTS LLC</u>	D Employer Identification Number (EIN) <u>52-1272156</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>6846717</u>
b Actuarial value	2b <u>7261526</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>53</u> <u>4300193</u> <u>4300193</u>
b For terminated vested participants.....	<u>16</u> <u>591745</u> <u>591745</u>
c For active participants	<u>14</u> <u>1741799</u> <u>1779789</u>
d Total.....	<u>83</u> <u>6633737</u> <u>6671727</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.43</u> %
6 Target normal cost.....	6 <u>141643</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary <u>DAVID M. ANDERSON</u>	Date <u>20-07493</u>
Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u>	Most recent enrollment number <u>713-754-5400</u>
Firm name <u>811 LOUISIANA STREET SUITE 2200</u> <u>HOUSTON, TX 77002</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2019
v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of <u>-6.30</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.59</u> %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	108.84 %
15 Adjusted funding target attainment percentage	15	108.84 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	113.38 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29****30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

141643

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

141643

32 Amortization installments:**a** Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)**34**

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

36 Additional cash requirement (line 34 minus line 35)**36****37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37****38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Amended and restated effective January 1, 2017.

Coverage and participation Each employee at the location actively employed within the Bargaining Unit participates immediately upon the earlier of attainment of full-time status or age 21. The plan is closed to new participants January 1, 2008.

Plan year The twelve-month period ending December 31.

Definitions

Continuous service One year is credited for each Plan Year as governed by the terms of the basic collective bargaining agreement between the company and the Union for the purposes of determining seniority.

Credited service One year is credited for each Plan Year computed on an elapsed-time basis.

Benefit service One year is credited for each Plan Year computed on an elapsed-time basis, rounded to the nearest 1/12.

Normal retirement date (NRD) The later of age 65 and the fifth anniversary of plan participation.

Plan Name: The Erachem Comilog, Inc. Baltimore Plant Bargaining Unit Employees Pension Plan
EIN / PN: 52-1272156/003
Plan Sponsor: Prince Erachem Inc.
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Accrued normal retirement benefit

A monthly pension, if paid on a straight-life basis, equal to years of Benefit Service multiplied by the appropriate benefit unit:

Date of Retirement	Benefit Unit
Prior to 12/01/1989	\$16.00
12/01/1989 through 11/30/1990	17.00
12/01/1990 through 11/22/1992	18.00
11/23/1992 through 11/22/1993	19.00
11/23/1993 through 11/22/1994	20.00
11/23/1994 through 12/15/1995	21.00
12/16/1995 through 11/22/1996	22.00
11/23/1996 through 11/22/1997	23.00
11/23/1997 through 12/31/1999	25.00
1/1/2000 through 12/31/2000	27.00
1/1/2001 through 12/31/2001	28.00
1/1/2002 through 12/31/2002	29.00
1/1/2003 through 12/31/2003	30.00
1/1/2004 through 12/31/2007	33.00
After 1/1/2008	36.00

The benefit determined above is offset by \$8.00 times years of Benefit Service to June 9, 1978, for former vested employees of Diamond Shamrock Corporation.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 with 10 years of Continuous Service.
Vested termination	Termination for reasons other than death or retirement after completing 5 years of Credited Service.
Disability	Upon total and permanent disability after 15 years of Continuous Service.

Plan Name: The Erachem Comilog, Inc. Baltimore Plant Bargaining Unit Employees Pension Plan
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Plan Sponsor: Prince Erachem Inc.
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Preretirement death benefit	An employee may elect to receive a reduced benefit so that a benefit will be paid to his spouse if he should die prior to retirement but after completion of 5 years of Credited Service, provided that the employee has been married to his current spouse for at least one year.
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Benefits Paid Upon the Following Events

Normal retirement	The accrued normal retirement benefit paid at NRD.
Early retirement	The accrued normal retirement benefit is payable at age 62 or, alternatively, payable immediately in an actuarially reduced amount.
Vested termination	The accrued normal retirement benefit is payable at age 62 or, if the employee has at least 10 years of Continuous Service, payable as early as age 55 in an actuarially reduced amount.
Disablement	The accrued normal retirement benefit is payable immediately. The benefit is recalculated annually to reflect additional benefit service granted during the term of disability.
Preretirement death	If the employee dies while eligible for early retirement, the surviving spouse will receive 50% of the benefit that would have been paid if the employee had retired on the day prior to his death and elected an immediate straight-life benefit. If death occurs prior to eligibility for early retirement, the surviving spouse will receive the benefit that would have been paid had the employee terminated on the day of his death, survived to the earliest age for retirement, retired under the 50% Joint & Survivor option, and then died.

Plan Name:	The Erachem Comilog, Inc. Baltimore Plant Bargaining Unit Employees Pension Plan
EIN / PN:	52-1272156/003
Plan Sponsor:	Prince Erachem Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

An employee may elect to receive his benefit on a straight-life basis or on an actuarially equivalent 50%, 75% or 100% Joint and Survivor basis. Unless otherwise elected, any benefit payable under the Plan shall be paid on a 50% Joint and Survivor basis, if the employee is then married or on a straight-life basis otherwise. If the present value of the participant's retirement benefit does not exceed \$15,000, it may be paid in a lump sum. Actuarial equivalence is based on the RP 2000 Blended Table and 6.0% interest except for lump sums which are based on 417(e) applicable interest rates and mortality.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: The Erachem Comilog, Inc. Baltimore Plant Bargaining Unit Employees Pension Plan
EIN / PN: 52-1272156/003
Plan Sponsor: Prince Erachem Inc.
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	1	0	2	0	0	3
55-59	0	0	0	0	0	2	1	0	0	0	3
60-64	0	0	0	0	0	1	2	3	0	0	6
65-69	0	0	0	0	0	0	0	1	0	0	1
70 & over	0	0	0	0	0	0	0	0	0	1	1
Total	0	0	0	0	0	4	3	6	0	1	14

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: The Erachem Comilog, Inc. Baltimore Plant Bargaining Unit Employees Pension Plan
 EIN / PN: 52-1272156/003
 Plan Sponsor: Prince Erachem Inc.
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:

Reflecting Stabilization

Not Reflecting Stabilization

- First segment rate 3.74% 2.28%
- Second segment rate 5.35% 3.81%
- Third segment rate 6.11% 4.46%
- Effective interest rate 5.43% 3.92%

Annual rates of increase

- Compensation Not applicable
- Future Social Security wage bases Not applicable
- Statutory limits on compensation None

Plan-related expenses

The amount included for plan-related expenses is \$95,058. Plan-related expenses are assumed to equal non-PBGC administrative expenses from the prior year plus an estimate of the PBGC premiums for the current year that are paid from the trust.

Plan Name: The Erachem Comilog, Inc. Baltimore Plant Bargaining Unit Employees Pension Plan
EIN / PN: 52-1272156/003
Plan Sponsor: Prince Erachem Inc.
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017).
Termination	Rates varying by age and gender.

Annual Rate of Withdrawal		
Attained Age	Males	Females
30	.034	.049
35	.024	.034
40	.013	.024
45	.007	.013
50	Nil	.007
55	Nil	Nil
60 & over	Nil	Nil

Disability	The rates at the following ages illustrate the incidence of disability assumed:
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Annual Rate of Disability (per 1,000 lives)		
Attained Age	Males	Females
25	.93	.96
35	1.99	2.52
45	5.05	5.22
55	15.02	14.90

Plan Name:	The Erachem Comilog, Inc. Baltimore Plant Bargaining Unit Employees Pension Plan
EIN / PN:	52-1272156/003
Plan Sponsor:	Prince Erachem Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age and gender, average age 62

The following rates have been utilized as the assumed incidence of retirement:

Attained Age	Rate
55	2%
56	2
57	3
58	5
59	5
60	10
61	10
62	45
63	45
64	45
65 & Older	100

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the participant's early retirement date.
- Deferred vested benefit The later of age 62 or termination of employment.
- Disability benefit Upon disablement.
- Retirement benefit Upon termination of employment.

Form of payment

50% of participants are assumed to elect a single life annuity and 50% of participants are assumed to elect a 75% joint and survivor annuity.

Marriage

85% of the population are assumed to be married. Male participants are assumed to be three years older than their spouses and female participants are assumed to be three years younger than their spouses.

Plan compensation

Not applicable.

Plan Name: The Erachem Comilog, Inc. Baltimore Plant Bargaining Unit Employees Pension Plan
EIN / PN: 52-1272156/003
Plan Sponsor: Prince Erachem Inc.
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.
Maximum benefits and plan compensation increases	Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2018 plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>

Plan Name:	The Erachem Comilog, Inc. Baltimore Plant Bargaining Unit Employees Pension Plan
EIN / PN:	52-1272156/003
Plan Sponsor:	Prince Erachem Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2019. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. No data adjustments were made and we are unaware of any data adjustments made by the data provider.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Plan-related expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Plan Name: The Erachem Comilog, Inc. Baltimore Plant Bargaining Unit Employees Pension Plan
EIN / PN: 52-1272156/003
Plan Sponsor: Prince Erachem Inc.
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Termination

Termination rates were based on a published table for pension participants believed to have similar characteristics to the plan population. Gains and losses caused by termination patterns different than assumed are observed and monitored.

Assumed termination rates differ by age and gender because of observed and expected differences in termination rates by gender.

Termination rates for at-risk funding calculations are as required by IRC §430.

Disability

Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions. Gains and losses caused by disability patterns different than assumed are observed and monitored.

Assumed disability rates differ by gender because of observed and expected differences in disability rates by gender.

Retirement

Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Retirement rates for at-risk funding calculations are as required by IRC §430.

Benefit commencement date for deferred benefits:

■ Deferred vested benefit

Deferred vested participants are assumed to begin benefits at age 62 (or current age if later) because the plan's experience is not considered to be credible, but it has been observed and it is expected that many participants will retire and begin benefits when Social Security benefits are first available.

Plan Name:	The Erachem Comilog, Inc. Baltimore Plant Bargaining Unit Employees Pension Plan
EIN / PN:	52-1272156/003
Plan Sponsor:	Prince Erachem Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the new tables, based on RP-2014 and subsequent Society of Actuaries studies, published by the IRS in October 2017 in regulation §1.430(h)(3)-1.

Plan Name: The Erachem Comilog, Inc. Baltimore Plant Bargaining Unit Employees Pension Plan
EIN / PN: 52-1272156/003
Plan Sponsor: Prince Erachem Inc.
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Prince Erachem Inc.
EIN/PN	52-1272156/003
Plan Name	The Erachem Comilog, Inc. Baltimore Plant Bargaining Unit Employees Pension Plan
Valuation Date	January 1, 2019
Enrolled Actuary	David M. Anderson
Enrollment Number	20-07493

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2019

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.02	1,000,000	1.000000	0.020000	1.100000
56	0.02	980,000	0.980000	0.019600	1.097600
57	0.03	960,400	0.960400	0.028812	1.642284
58	0.05	931,588	0.931588	0.046579	2.701582
59	0.05	885,009	0.885009	0.044250	2.610750
60	0.10	840,758	0.840758	0.084076	5.044560
61	0.10	756,682	0.756682	0.075668	4.615748
62	0.45	681,014	0.681014	0.306456	19.000272
63	0.45	374,558	0.374558	0.168551	10.618713
64	0.45	206,007	0.206007	0.092703	5.932992
65	1.00	113,304	0.113304	0.113304	7.364760
Average age at retirement					61.729261
Rounded for Schedule SB Line 22					62

Plan Name: The Erachem Comilog, Inc. Baltimore Plant Bargaining Unit Employees Pension Plan
 EIN / PN: 52-1272156/003
 Plan Sponsor: Prince Erachem Inc.
 Valuation Date: January 1, 2019

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; display: inline-block;">2019</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a one-participant plan ☐ a foreign plan B This return/report is ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) C Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)	

Part II Basic Plan Information - enter all requested information													
1a Name of plan PRINCE SPECIALTY PRODUCTS LLC BALTIMORE PLANT BARGAINING UNIT EMPLOYEES PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">003</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1978</td> </tr> </table>	1b Three-digit plan number (PN) ▶	003	1c Effective date of plan 07/01/1978									
1b Three-digit plan number (PN) ▶	003												
1c Effective date of plan 07/01/1978													
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instr.) PRINCE SPECIALTY PRODUCTS LLC 610 PITTMAN ROAD BALTIMORE MD 21226-1792	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) 52-1272156</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 410-789-8800</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 325300</td> </tr> </table>	2b Employer Identification Number (EIN) 52-1272156		2c Sponsor's telephone number 410-789-8800		2d Business code (see instructions) 325300							
2b Employer Identification Number (EIN) 52-1272156													
2c Sponsor's telephone number 410-789-8800													
2d Business code (see instructions) 325300													
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">3b Administrator's EIN</td> </tr> <tr> <td colspan="2">3c Administrator's telephone number</td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number									
3b Administrator's EIN													
3c Administrator's telephone number													
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name PRINCE ERACHEM INC. c Plan Name THE ERACHEM COMILOG, INC. BALTIMORE PLAN BARGAINING UNIT EMPLOYEES PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">4b EIN 52-1272156</td> </tr> <tr> <td colspan="2">4d PN 003</td> </tr> </table>	4b EIN 52-1272156		4d PN 003									
4b EIN 52-1272156													
4d PN 003													
5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d (1) Total number of active participants at the beginning of the plan year d (2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">5a</td> <td style="width: 20%; text-align: center;">82</td> </tr> <tr> <td>5b</td> <td style="text-align: center;">80</td> </tr> <tr> <td>5c</td> <td></td> </tr> <tr> <td>5d(1)</td> <td style="text-align: center;">14</td> </tr> <tr> <td>5d(2)</td> <td style="text-align: center;">13</td> </tr> <tr> <td>5e</td> <td style="text-align: center;">0</td> </tr> </table>	5a	82	5b	80	5c		5d(1)	14	5d(2)	13	5e	0
5a	82												
5b	80												
5c													
5d(1)	14												
5d(2)	13												
5e	0												

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/15/2020	STEFFANY UPSCHULTE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/15/2020	STEFFANY UPSCHULTE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2019**This Form is Open to
Public Inspection**▶ **File as an attachment to Form 5500 or 5500-SF.**For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan**B** Three-digit
plan number (PN) ▶003PRINCE SPECIALTY PRODUCTS LLC BALTIMORE PLANT**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SFPRINCE SPECIALTY PRODUCTS LLC**D** Employer Identification Number (EIN)52-1272156**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2019**2** Assets:**a** Market value**2a** 6,846,717**b** Actuarial value**2b** 7,261,526**3** Funding target/participant count breakdown(1) Number of
participants(2) Vested Funding
Target(3) Total Funding
Target**a** For retired participants and beneficiaries receiving payment534,300,1934,300,193**b** For terminated vested participants16591,745591,745**c** For active participants141,741,7991,779,789**d** Total836,633,7376,671,727**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐**a** Funding target disregarding prescribed at-risk assumptions**4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor**4b****5** Effective interest rate**5**5.43 %**6** Target normal cost**6**141,643**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

10/13/2020

Date

DAVID M. ANDERSON

Type or print name of actuary

20-07493

Most recent enrollment number

WILLIS TOWERS WATSON US LLC

Firm name

713-754-5400

Telephone number (including area code)

811 LOUISIANA STREET SUITE 2200
HOUSTON TX 77002

Address of the firm

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

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

Schedule SB (Form 5500) 2019
v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of <u>-6.30</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.59</u> %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	108.84 %
15 Adjusted funding target attainment percentage	15	108.84 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	113.38 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)		18(c)

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☐ Yes	☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes	☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed -- combined ☒ Prescribed -- separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	141,643	
b Excess assets, if applicable, but not greater than line 31a	31b	141,643	
32 Amortization installments:	Outstanding Balance Installment		
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:				
a Schedule elected	☐ 2 plus 7 years ☐ 15 years			
b Eligible plan year(s) for which the election in line 41a was made	2008	2009	2010	2011