

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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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 multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>THE SHERWIN-WILLIAMS COMPANY SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>010</u>
		1c	Effective date of plan <u>01/01/1984</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>THE SHERWIN-WILLIAMS COMPANY</u> <u>101 PROSPECT AVENUE N.W.</u> <u>C/O TAX DEPT., 1220 GH</u> <u>CLEVELAND, OH 44115-1075</u>	2b	Employer Identification Number (EIN) <u>34-0526850</u>
		2c	Plan Sponsor's telephone number <u>216-566-2000</u>
		2d	Business code (see instructions) <u>325500</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	THOMAS GILLIGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	LAWRENCE BORON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor ADMINISTRATION COMMITTEE 101 PROSPECT AVENUE N.W. CLEVELAND, OH 44115-1075	3b Administrator's EIN 34-6505363 3c Administrator's telephone number 216-566-2000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 45687
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 42716 6a(2) 44377 6b 87 6c 3265 6d 47729 6e 61 6f 47790 6g 33119 6h 1815
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C 2F 2H 2T 3H 3J b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan THE SHERWIN-WILLIAMS COMPANY SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN	B Three-digit plan number (PN) ▶ 010	
C Plan sponsor's name as shown on line 2a of Form 5500 THE SHERWIN-WILLIAMS COMPANY	D Employer Identification Number (EIN) 34-0526850	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FRANKLIN TEMPLETON INVESTMENTS	280 PARK AVE NEW YORK, NY 10017

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INVESCO	P.O. BOX 219078 KANSAS CITY, MO 64121-9078

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PIMCO	P.O. BOX 219024 KANSAS CITY, MO 64121

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
T. ROWE PRICE	100 EAST PRATT STREET BALTIMORE, MD 21202

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

TD AMERITRADE TRUST COMPANY

200 SOUTH 108TH STREET
OMAHA, NE 68154

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

VANGUARD

P.O. BOX 1101
VALLEY FORGE, PA 19483

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

VIRTUS

100 PEARL STREET
9TH FLOOR
HARTFORD, CT 06103

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

WELLINGTON MANAGEMENT COMPANY

280 CONGRESS STREET
BOSTON, MA 02210

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

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

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

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

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

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

FIDELITY INV INST OPS CO, INC

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65		865558	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS INC

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		145227	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING, INC (NJ)

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16		8517	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VORYS, SATER, SEYMOUR AND PEASE LLP

31-4333125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29		8420	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>THE SHERWIN-WILLIAMS COMPANY SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN</u>	B Three-digit plan number (PN) <u>010</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE SHERWIN-WILLIAMS COMPANY</u>	D Employer Identification Number (EIN) <u>34-0526850</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T.ROWE PRICE RET. 2030 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T.ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>38-7010946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>113911265</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CONTRAFUND COMMINGLED POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>105934171</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T.ROWE PRICE RET. 2025 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T.ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>37-6495447-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>87146777</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T.ROWE PRICE RET. 2035 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T.ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>36-7595013-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>75995216</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T.ROWE PRICE RET. 2040 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T.ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>35-6941729-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>64301656</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T.ROWE PRICE RET. 2045 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T.ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>32-6199848-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>60145133</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T.ROWE PRICE RET. 2045 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T.ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>36-7594871-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>55721858</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: LOW-PRICED STOCK COMMINGLED POOL		
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY		
c EIN-PN 04-3022712-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42420012
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP STOCK COMMINGLED POOL		
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY		
c EIN-PN 04-3022712-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41356822
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP OPPORTUNITIES PORTFOLIO		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY		
c EIN-PN 04-6913417-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33695977
a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RET. 2050 TRUST		
b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY		
c EIN-PN 30-6303214-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30941648
a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RET. 2055 TRUST		
b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY		
c EIN-PN 35-6941728-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22227024
a Name of MTIA, CCT, PSA, or 103-12 IE: MANAGED INCOME PORTFOLIO II CL 3		
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY		
c EIN-PN 35-6941654-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21594139
a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RET. 2015 TRUST		
b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY		
c EIN-PN 35-6941654-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20253861
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO CORE PLUS FIXED INCOME FUND		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 04-1126600-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7668021
a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RET. 2060 TRUST		
b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY		
c EIN-PN 47-1088316-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6593368
a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RET. 2010 TRUST		
b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY		
c EIN-PN 32-6199795-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6483459

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

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

c EIN-PN 36-1561860-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6216736
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a Name of MTIA, CCT, PSA, or 103-12 IE: AGGRESSIVE GROWTH PORTFOLIO

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

c EIN-PN 20-0937408-120	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3425343
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a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RET. 2005 TRUST

b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY

c EIN-PN 61-6434302-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2998115
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a Name of MTIA, CCT, PSA, or 103-12 IE: CONSERVATIVE PORTFOLIO

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

c EIN-PN 20-0937408-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1544728
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a Name of MTIA, CCT, PSA, or 103-12 IE: MODERATE GROWTH PORTFOLIO

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

c EIN-PN 20-0937408-118	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1487642
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a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH PORTFOLIO

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

c EIN-PN 20-0937408-119	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 979562
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a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED PORTFOLIO

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

c EIN-PN 20-0937408-117	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 887596
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a Name of MTIA, CCT, PSA, or 103-12 IE: INCOME AND GROWTH PORTFOLIO

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

c EIN-PN 20-0937408-116	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 828863
--------------------------------	------------------------	--

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

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

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

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan THE SHERWIN-WILLIAMS COMPANY SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN	B Three-digit plan number (PN) ►	010
C Plan sponsor's name as shown on line 2a of Form 5500 THE SHERWIN-WILLIAMS COMPANY	D Employer Identification Number (EIN) 34-0526850	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	65259249	0
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)		82537
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	25223753	23683556
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)	611390661	814758992
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	345607547	391775110
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	175062000
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	1047481210 1405362195
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1047481210 1405362195

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
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	529243
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	529243
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	1356000
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	16073592
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	17429592
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	43281000
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	43281000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		152955736
(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)		60280778
c Other income	2c		68730
d Total income. Add all income amounts in column (b) and enter total	2d		274545079

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	92592776	
(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)		92592776
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)	145227	
(4) Other	2i(4)	968375	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1113602
j Total expenses. Add all expense amounts in column (b) and enter total	2j		93706378

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		180838701
l Transfers of assets:			
(1) To this plan	2l(1)		177042284
(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: CROWE LLP

(2) EIN: 35-0921680

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
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>		
A Name of plan <u>THE SHERWIN-WILLIAMS COMPANY SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>010</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SHERWIN-WILLIAMS COMPANY</u>	D Employer Identification Number (EIN) <u>34-0526850</u>	

Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6824924</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>2910</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes ☐ No ☒ N/A	
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>0</u>
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>
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	<u>0</u>
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☒ N/A	
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A	

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

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 _____

INDEPENDENT AUDITOR'S REPORT

Administration Committee of
The Sherwin-Williams Company
Salaried Employees' Revised Pension Investment Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Sherwin-Williams Company Salaried Employees' Revised Pension Investment Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 5, which was certified by Fidelity Management Trust Company (Fidelity) and The Northern Trust Company (Northern Trust), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Fidelity holds the Plan's investment assets and executes investment transactions as of December 31, 2019 and 2018 and for the year ended

December 31, 2019, and that Northern Trust holds the Plan's investment assets and executes investment transactions as of December 31, 2019 and for the period February 22, 2019 through December 31, 2019. The plan administrator has obtained certifications from Fidelity and Northern Trust as of December 31, 2019 and 2018 and for the year ended December 31, 2019 that the information provided to the plan administrator by Fidelity and Northern Trust is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for purposes of additional analysis and is 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 schedule.

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

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



Crowe LLP

Oak Brook, Illinois
September 23, 2020

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

The Sherwin-Williams Company
Salaried Employees' Revised Pension Investment Plan
December 31, 2019 and 2018
and Year Ended December 31, 2019
With Independent Auditor's Report

THE SHERWIN-WILLIAMS COMPANY
SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN

Table of Contents

Independent Auditor's Report.....	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	3
Statement of Changes in Net Assets Available for Benefits.....	4
Notes to Financial Statements.....	5
Supplemental Schedule	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	14

INDEPENDENT AUDITOR'S REPORT

Administration Committee of
The Sherwin-Williams Company
Salaried Employees' Revised Pension Investment Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Sherwin-Williams Company Salaried Employees' Revised Pension Investment Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 5, which was certified by Fidelity Management Trust Company (Fidelity) and The Northern Trust Company (Northern Trust), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Fidelity holds the Plan's investment assets and executes investment transactions as of December 31, 2019 and 2018 and for the year ended

December 31, 2019, and that Northern Trust holds the Plan's investment assets and executes investment transactions as of December 31, 2019 and for the period February 22, 2019 through December 31, 2019. The plan administrator has obtained certifications from Fidelity and Northern Trust as of December 31, 2019 and 2018 and for the year ended December 31, 2019 that the information provided to the plan administrator by Fidelity and Northern Trust is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for purposes of additional analysis and is 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 schedule.

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

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



Crowe LLP

Oak Brook, Illinois
September 23, 2020

THE SHERWIN-WILLIAMS COMPANY
SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2019	2018
Assets		
Investments, at fair value:		
Mutual funds	\$ 391,775,110	\$ 345,607,547
The Sherwin-Williams Company common stock	175,062,000	—
Collective trust funds	814,758,992	611,390,661
Money market funds	<u>23,683,556</u>	<u>25,223,753</u>
Total	1,405,279,658	982,221,961
Contributions receivable from		
The Sherwin-Williams Company (Note 2)	—	65,259,249
Accrued income	<u>82,537</u>	<u>—</u>
Net assets available for benefits	<u>\$ 1,405,362,195</u>	<u>\$ 1,047,481,210</u>

See notes to financial statements.

THE SHERWIN-WILLIAMS COMPANY
SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2019
Increases in net assets available for benefits:	
Interest and dividend income on diversified investments	\$ 17,340,577
Dividends on The Sherwin-Williams Company common stock	1,356,000
Other income	68,730
Total increases	<u>18,765,307</u>
Decreases in net assets available for benefits:	
Benefits paid	92,592,776
Administrative expenses	1,113,602
Total decreases	<u>93,706,378</u>
Net realized and unrealized appreciation in fair value of:	
The Sherwin-Williams Company common stock	43,281,000
Diversified investments	212,498,772
Total realized and unrealized appreciation in fair value	<u>255,779,772</u>
Net increase in net assets available for benefits before plan transfer	180,838,701
Transfer-in of plan assets (Note 2)	<u>177,042,284</u>
Net increase	357,880,985
Net assets available for benefits:	
Beginning of year	<u>1,047,481,210</u>
End of year	<u>\$ 1,405,362,195</u>

See notes to financial statements.

THE SHERWIN-WILLIAMS COMPANY
SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of The Sherwin-Williams Company Salaried Employees' Revised Pension Investment Plan (the Plan) have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results may differ from these estimates. Due to the uncertainties inherent in the estimation process, it is at least reasonably possible that changes in these estimates in the near term could materially affect the amounts reported and disclosed in the financial statements.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. See Note 3.

Net realized and unrealized appreciation in fair value of investments represents the change in the difference between the aggregate fair value and the cost of the Plan's investments, including investments bought and sold as well as held during the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Risks and Uncertainties

Investments in securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Events occurring subsequent to December 31, 2019 have been evaluated through September 23, 2020, the date of the issuance of the financial statements, in accordance with the Subsequent Events Topic of the Accounting Standards Codification (ASC). During this period, there were no recognized subsequent events requiring recognition in the financial statements, and except as described below, no non-recognized subsequent events requiring disclosure, other than the below.

On March 11, 2020, the World Health Organization declared the outbreak of the novel coronavirus (COVID-19) to be a global pandemic. The COVID-19 pandemic has led to significant volatility in financial markets and has affected, and may continue to affect, the fair value of investments held by the Plan. The extent to which the COVID-19 pandemic will affect the Plan depends on future events and remains uncertain.

NOTE 2 - DESCRIPTION OF THE PLAN

General

The Administration Committee is responsible for the general administration of the Plan. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Eligible employees may participate in the Plan upon completion of six months of service. Additional information with respect to provisions of the Plan is contained in the Plan's Summary Plan Description (SPD). Copies of this SPD are available from the Administration Committee of The Sherwin-Williams Company (Company).

Eligibility

The Plan has historically provided retirement benefits for the following participants:

- Certain salaried employees of the Company who made an irrevocable election at the applicable time to transfer the present value of their accrued pension benefits from The Sherwin-Williams Company Salaried Employees' Pension Investment Plan (SEPIP) (a defined benefit plan).
- Salaried employees who were hired on or after January 1, 1984 and before January 1, 2002.
 - Effective January 1, 2002, the Plan was frozen and ceased admitting new participants. All salaried employees hired or re-hired between January 1, 2002 and September 30, 2011 became participants in SEPIP.
- Salaried employees hired or re-hired on or after October 1, 2011.
 - Effective October 1, 2011, SEPIP was frozen to new participation and the Plan was re-opened to participation to all U.S. non-bargaining unit employees hired or re-hired on or after this date.

In 2018, the Plan was amended to add the following participants:

- Eligible active employees that were previously precluded from participating in the Plan due to being participants in SEPIP became participants of the Plan effective January 1, 2018.
- In connection with the acquisition of The Valspar Corporation (Valspar) in 2017, eligible former Valspar employees became participants of the Plan effective July 1, 2018.

Employer Contributions

The Company contribution credit for all participants is based on the sum of their age and service as follows:

Sum of Participant's Combined Age and Eligible Service	Contribution Percentage
18 to 34.9	2.0%
35 to 44.9	2.5
45 to 54.9	3.0
55 to 64.9	3.5
65 to 74.9	4.0
75 to 84.9	5.0
85 to 94.9	6.0
95 or greater	7.0

All amounts contributed to the Plan are maintained in separate accounts on behalf of each participant. These amounts may be invested, in accordance with instructions from each participant, in any of the available investment funds. Participants may choose to invest the amounts in their individual account in any of the investment funds available in whole percentages or by specific dollar amount. Participants may elect to transfer cash between investment funds and to change the method of investing their current account balance any business day subject to certain trading restrictions imposed by each fund manager. Each participant's account is credited with its respective share of fund earnings.

Plan Transfers / Nonparticipant-Directed Investments / Employer Contributions Receivable

During 2019, \$242,301,533 in net assets were transferred from SEPIP, which had excess invested assets after it was terminated and liquidated during 2019. At the request of the Internal Revenue Service (IRS), the Company provided the IRS an executed statement whereby they committed to transfer the excess assets to the Plan, and allocate them, at least ratably, over a seven year period, and designated the Plan as the “Qualified Replacement Plan” (QRP) under IRC Section 4980(d)(2)(A). At that time, a QRP account (nonparticipant-directed investments) was established with the Plan for these assets. The trustee for this account is The Northern Trust Company (Northern Trust). The QRP account is being used to fund the Company’s future employer contributions. When the QRP account is used to fund Employer contributions, the applicable amount is transferred from the unallocated QRP account and allocated to the accounts of applicable participants. During 2019, \$65,259,249 of the transferred assets were used to fund the contribution receivable from the Company as of December 31, 2018. As a result, the Transfer-in of plan assets reflected on the Statement of Changes in Net Assets Available for Benefits is the \$242,301,533 total transfer-in net of the \$65,259,249 recognized in the 2018 plan year. Subsequent to December 31, 2019, \$72,358,501 was transferred from the QRP account to fund the 2019 contribution from the Company. See Note 4 for additional information.

Vesting

Vesting is based on years of service with full vesting occurring after three years of credited service. Participants may elect to have the vested amounts in their accounts distributed to them upon termination of employment. There is no partial vesting.

Forfeitures

Participants who separate from service prior to being 100% vested will have the nonvested balances in their accounts forfeited and such amounts are used to reduce future Company contributions. The 2019 contribution and contribution receivable from The Sherwin-Williams Company were reduced by forfeitures of \$1,210,569. The unallocated forfeiture balance at the end of 2019 was approximately \$433,196. The unallocated forfeiture balance at the end of 2018 was approximately \$147,075.

Participant Accounts

Each participant’s account is credited with an allocation of (a) the Company’s contributions and (b) Plan earnings, and is charged with his or her withdrawals and an allocation of administrative expenses. Allocations are based on specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Withdrawals

All retirement benefits, based on the value of the respective participant's account, may be distributed directly to the participant in the form of a joint and survivor annuity. However, if the participant properly waives such form of payment and their spouse consents, or if the participant is not married, benefits may be paid to the participant in a life annuity or a lump-sum distribution.

Plan Termination

The Company has the right under the Plan to discontinue contributions at any time and terminate the Plan. In the event of Plan termination, participating employees will become fully vested in their respective accounts and the net assets of the Plan shall be distributed in accordance with applicable Plan provisions.

Administrative Expenses

Administrative expenses related to operating and maintaining the Plan are paid by the Plan and the Company, except for costs related to maintaining account balances for terminated participants, which are paid by said participants. Other income consists of unallocated revenue credits from the trustee, which the Plan intends to use to pay for future administrative expenses or allocate pro-rata back to participants.

NOTE 3 - FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following tables present the Plan's financial assets that are measured at fair value on a recurring basis, categorized using the fair value hierarchy as of December 31, 2019 and 2018:

	Fair Value at December 31, 2019	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds ⁽¹⁾	\$ 391,775,110	\$ 391,775,110		
The Sherwin-Williams Company common stock ⁽²⁾	175,062,000	175,062,000		
Money market funds ⁽³⁾	23,683,556	23,683,556		
Total investment in fair value hierarchy	590,520,666	590,520,666	–	–
Collective trust funds ⁽⁴⁾	814,758,992			
Investments at fair value	<u>\$ 1,405,279,658</u>	<u>\$ 590,520,666</u>	<u>\$ –</u>	<u>\$ –</u>
	Fair Value at December 31, 2018	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds ⁽¹⁾	\$ 345,607,547	\$ 345,607,547		
Money market funds ⁽³⁾	25,223,753	25,223,753		
Total investment in fair value hierarchy	370,831,300	370,831,300	–	–
Collective trust funds ⁽⁴⁾	611,390,661			
Investments at fair value	<u>\$ 982,221,961</u>	<u>\$ 370,831,300</u>	<u>\$ –</u>	<u>\$ –</u>

⁽¹⁾ The fair value of mutual funds is based on quoted redemption values on national security exchanges on the last business day of the Plan year (Level 1 inputs) and is valued at the net asset value (NAV) of shares held by the Plan at year-end.

⁽²⁾ The fair value of The Sherwin-Williams Company common stock is determined by obtaining prices from a nationally recognized exchange (Level 1 inputs).

⁽³⁾ The fair value of the money market funds is based on quoted prices in active markets for identical securities (Level 1 inputs).

⁽⁴⁾ In accordance with the Fair Value Measurement Topic of the ASC, investments that were measured at NAV using the practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the statement of Net Assets Available for Benefits. There are no unfunded commitments, significant redemption limitations or restrictions on the ability to sell these funds.

NOTE 4 - NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments, which were transferred into the Plan during 2019, is as follows:

	December 31, 2019
Assets	
Investments, at fair value:	
Mutual funds	\$ 40,426,829
The Sherwin-Williams Company common stock	175,062,000
Collective trust funds	<u>6,216,736</u>
Total	221,705,565
Accrued income	<u>82,537</u>
Net assets	<u><u>\$ 221,788,102</u></u>
	Year Ended December 31, 2019
Changes in Net Assets	
Transfers-in	\$ 242,301,533
Interest and dividend income	1,545,407
Net appreciation	43,207,829
Transfers to participant directed investments	(65,259,249)
Administrative expenses	<u>(7,418)</u>
Net change	<u><u>\$ 221,788,102</u></u>

The \$65,259,249 Transfers to participant directed investments relates to the 2018 contribution that was transferred and allocated to participant accounts in 2019 (cash basis). During 2020, \$72,358,501 of the non-participant directed investments were used to fund the employer contribution for the year ended December 31, 2019. At that time, these assets were transferred to participant-directed investments.

NOTE 5 - UNAUDITED INFORMATION – CERTIFIED INVESTMENTS

As a result of the transfer-in from SEPIP described in Note 2, at December 31, 2019, the Plan has two trustees: Fidelity Management Trust Company (Fidelity) and Northern Trust. All investment information disclosed in the accompanying financial statements and supplemental schedule including investments held at December 31, 2019 and 2018, and net realized and unrealized appreciation in fair value of investments and interest and dividend income for the year ended December 31, 2019, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by the plan trustees. Fidelity held a portion of the Plan's investment assets as of December 31, 2019 and all of the Plan's investment assets as of December 31, 2018 and executed investment transactions for the year ended December 31, 2019. Northern Trust held the remaining portion of the Plan's investment assets (those discussed in Note 4) as of December 31, 2019 and executed investment transactions as of December 31, 2019 and for the period February 22, 2019 through December 31, 2019. This information has not been audited by the Plan's independent auditors.

NOTE 6 - TAX STATUS

The Plan has received a determination letter from the IRS dated July 25, 2016, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code), and therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. Subsequent to this determination by the IRS, the Plan was amended. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2016.

NOTE 7 - TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan held 300,000 shares of the Company's common stock as of December 31, 2019. During the year ended December 31, 2019, the Plan had dividend income on shares of the Company's common stock of approximately \$1.4 million. The Company's common stock is a nonparticipant-directed investment.

Certain Plan investments are shares of mutual funds, money market funds or collective trust funds managed by Fidelity or Northern Trust or one of their affiliates and, therefore, qualify as party-in-interest. Fees paid during the year for services rendered by Fidelity or Northern Trust or one of their affiliates constitute party-in-interest transactions.

THE SHERWIN-WILLIAMS COMPANY
SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #34-0526850 Plan #010

		(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	(d) Cost	(e) Current Value
(a) <u>Identity of Issue, Borrower</u> <u>Lessors or Similar Party</u>	(b) <u>Lessors or Similar Party</u>			
Mutual Funds				
	Virtus Investment Partners	Virtus Cerdex Large-Cap Value Equity Fund	**	\$ 116,704,846
	Vanguard Group, Inc	Vanguard Institutional Index Fund Institutional Plus Shares	**	66,284,203
	Franklin Tempelton Investments	Franklin Mutual Shares Fund	**	
	Vanguard Group, Inc	Vanguard Wellington Fund Admiral Shares	**	49,467,176
	Vanguard Group, Inc	Vanguard Total Bond Market Index Fund Institutional	\$40,500,000	40,426,829
	Vanguard Group, Inc	Vanguard Wellesley® Income Fund Admiral TM Shares	**	33,071,595
	Vanguard Group, Inc.	Vanguard FTSE All-World ex-US Index Fund Institutional Plus Shares	**	26,778,706
	Vanguard Group, Inc.	Vanguard Total Bond Market Index Fund Institutional Plus Shares	**	20,697,757
	PIMCO Investments LLC	PIMCO Low Duration Fund Institutional Class	**	12,987,472
*	Fidelity Investments	Fidelity® International Capital Appreciation	**	11,856,445
*	Fidelity Investments	Fidelity® Puritan® Fund	**	5,323,411
	Vanguard Group, Inc	Vanguard Inflation-Protected Securities Fund Institutional Shares	**	4,864,297
*	Fidelity Investments	Fidelity® Limited Term Government Fund	**	1,963,569
	PIMCO Investments LLC	PIMCO All Asset Fund Institutional Class	**	1,348,804
				<u>391,775,110</u>
Collective Trust Funds				
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2030 Fund	**	113,911,265
*	Fidelity Management Trust Company	Fidelity® Contrafund® Commingled Pool	**	105,934,171
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2025 Fund	**	87,146,777
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2035 Fund	**	75,995,216
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2040 Fund	**	64,301,656
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2045 Fund	**	60,145,133
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2020 Fund	**	55,721,858
*	Fidelity Management Trust Company	Fidelity® Low-Priced Stock Commingled Pool	**	42,420,012
*	Fidelity Management Trust Company	Fidelity® Mid-Cap Stock Commingled Pool	**	41,356,822
	Wellington Trust Company	WTC-CIF II Small Cap Opportunities Portfolio	**	33,695,977
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2050 Fund	**	30,941,648
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2055 Fund	**	22,227,024
*	Fidelity Management Trust Company	Managed Income Portfolio II Class 3	**	21,594,139
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2015 Fund	**	20,253,861
	Invesco Trust Company	Invesco Core Plus Fixed Income Fund	**	7,668,021
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2060 Fund	**	6,593,368
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2010 Fund	**	6,483,459
*	Northern Trust Global Investments	Collective Governemnt STIF	6,216,736	6,216,736
	Matrix Trust Company	Strategic Allocation TOPS TM Aggressive Growth Portfolio	**	3,425,343
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2005 Fund	**	2,998,115
	Matrix Trust Company	Strategic Allocation TOPS TM Conservative Portfolio	**	1,544,728
	Matrix Trust Company	Strategic Allocation TOPS TM Moderate Growth Portfolio	**	1,487,642
	Matrix Trust Company	Strategic Allocation TOPS TM Growth Portfolio	**	979,562
	Matrix Trust Company	Strategic Allocation TOPS TM Balanced Portfolio	**	887,596
	Matrix Trust Company	Strategic Allocation TOPS TM Income and Growth Portfolio	**	828,863
				<u>814,758,992</u>
Common Stock				
*	The Sherwin-Williams Company	The Sherwin-Williams Company common stock	3,698,287	175,062,000
Other				
*	Fidelity Investments	Fidelity® Money Market Government Portfolio	**	<u>23,683,556</u>
				<u><u>\$ 1,405,279,658</u></u>

* Represents a party-in-interest

** Cost information is not required for participant-directed investments

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #34-0526850 Plan #010

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Mutual Funds				
	Virtus Investment Partners	Virtus Cerdex Large-Cap Value Equity Fund	**	\$ 116,704,846
	Vanguard Group, Inc	Vanguard Institutional Index Fund Institutional Plus Shares	**	66,284,203
	Franklin Tempelton Investments	Franklin Mutual Shares Fund	**	
	Vanguard Group, Inc	Vanguard Wellington Fund Admiral Shares	**	49,467,176
	Vanguard Group, Inc	Vanguard Total Bond Market Index Fund Institutional	\$40,500,000	40,426,829
	Vanguard Group, Inc	Vanguard Wellesley® Income Fund Admiral TM Shares	**	33,071,595
	Vanguard Group, Inc.	Vanguard FTSE All-World ex-US Index Fund Institutional Plus Shares	**	26,778,706
	Vanguard Group, Inc.	Vanguard Total Bond Market Index Fund Institutional Plus Shares	**	20,697,757
	PIMCO Investments LLC	PIMCO Low Duration Fund Institutional Class	**	12,987,472
*	Fidelity Investments	Fidelity® International Capital Appreciation	**	11,856,445
*	Fidelity Investments	Fidelity® Puritan® Fund	**	5,323,411
	Vanguard Group, Inc	Vanguard Inflation-Protected Securities Fund Institutional Shares	**	4,864,297
*	Fidelity Investments	Fidelity® Limited Term Government Fund	**	1,963,569
	PIMCO Investments LLC	PIMCO All Asset Fund Institutional Class	**	1,348,804
				<u>391,775,110</u>
Collective Trust Funds				
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2030 Fund	**	113,911,265
*	Fidelity Management Trust Company	Fidelity® Contrafund® Commingled Pool	**	105,934,171
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2025 Fund	**	87,146,777
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2035 Fund	**	75,995,216
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2040 Fund	**	64,301,656
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2045 Fund	**	60,145,133
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2020 Fund	**	55,721,858
*	Fidelity Management Trust Company	Fidelity® Low-Priced Stock Commingled Pool	**	42,420,012
*	Fidelity Management Trust Company	Fidelity® Mid-Cap Stock Commingled Pool	**	41,356,822
	Wellington Trust Company	WTC-CIF II Small Cap Opportunities Portfolio	**	33,695,977
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2050 Fund	**	30,941,648
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2055 Fund	**	22,227,024
*	Fidelity Management Trust Company	Managed Income Portfolio II Class 3	**	21,594,139
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2015 Fund	**	20,253,861
	Invesco Trust Company	Invesco Core Plus Fixed Income Fund	**	7,668,021
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2060 Fund	**	6,593,368
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2010 Fund	**	6,483,459
*	Northern Trust Global Investments	Collective Government STIF	6,216,736	6,216,736
	Matrix Trust Company	Strategic Allocation TOPS TM Aggressive Growth Portfolio	**	3,425,343
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2005 Fund	**	2,998,115
	Matrix Trust Company	Strategic Allocation TOPS TM Conservative Portfolio	**	1,544,728
	Matrix Trust Company	Strategic Allocation TOPS TM Moderate Growth Portfolio	**	1,487,642
	Matrix Trust Company	Strategic Allocation TOPS TM Growth Portfolio	**	979,562
	Matrix Trust Company	Strategic Allocation TOPS TM Balanced Portfolio	**	887,596
	Matrix Trust Company	Strategic Allocation TOPS TM Income and Growth Portfolio	**	828,863
				<u>814,758,992</u>
Common Stock				
*	The Sherwin-Williams Company	The Sherwin-Williams Company common stock	3,698,287	175,062,000
Other				
*	Fidelity Investments	Fidelity® Money Market Government Portfolio	**	<u>23,683,556</u>
				<u><u>\$ 1,405,279,658</u></u>

* Represents a party-in-interest

** Cost information is not required for participant-directed investments