

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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 ☒ an amended return/report ☐ the final 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>MJO INDUSTRIES 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/2000</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>MJO INDUSTRIES</u> <u>HUGHES-PETERS</u> <u>8000 TECHNOLOGY BOULEVARD</u> <u>HUBER HEIGHTS, OH 45424</u>	2b	Employer Identification Number (EIN) <u>25-1841702</u>
		2c	Plan Sponsor's telephone number <u>937-235-7163</u>
		2d	Business code (see instructions) <u>423600</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.	12/09/2020	ADAM WARREN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 162
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) 151 6a(2) 151 6b 0 6c 13 6d 164 6e 0 6f 164 6g 109 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T 3F 2R 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan MJO INDUSTRIES 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MJO INDUSTRIES	D Employer Identification Number (EIN) 25-1841702

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

(a) Name of insurance carrier TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	517277-000	109	01/01/2018	12/31/2018

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

(a) Total amount of commissions paid 4345	(b) Total amount of fees paid 4856
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid TRINITY PENSION CONSULTANTS 310 MONTROSE WEST AVE COPLEY, OH 44321

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	4856	SERVICE FEES	5

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

MORGAN STANLEY SMITH BARNEY HOLDING 388 GREENWICH ST 17TH FLOOR NEW YORK, NY 10013

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4345	0	COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	842775
5 Current value of plan's interest under this contract in separate accounts at year end	5	4675818

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **STABLE VALUE OPTION**

b Balance at the end of the previous year.....	7b	823499
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c Additions: (1) Contributions deposited during the year	7c(1)	103725	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	8461	
(4) Transferred from separate account.....	7c(4)	70836	
(5) Other (specify below)	7c(5)	6727	

▶ **LOAN INTEREST PAID AND PRINCIPAL**

(6) Total additions.....	7c(6)	189749
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1013248
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	102321	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	55215	
(4) Other (specify below)	7e(4)	12937	

▶ **ADMINISTRATIVE FEES**

(5) Total deductions.....	7e(5)	170473
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	842775
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan MJO INDUSTRIES 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MJO INDUSTRIES	D Employer Identification Number (EIN) 25-1841702	

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	
TRANSAMERICA RETIREMENT SOLUTIONS	230 W MONROE ST #1150 CHICAGO, IL 60606
13-3689044	

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

230 W MONROE ST
#1150
CHICAGO, IL 60606

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	39068	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MORGAN STANLEY SMITH BARNEY LLC

388 GREENWICH STREET
17TH FLOOR
NEW YORK, NY 10013

51-0116113

(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?
22 23 53	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	11635	Yes ☐ No ☒

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

TRINITY PENSION CONSULTANTS

310 MONTROSE WEST AVE
COPLEY, OH 44321

20-4548831

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	TPA	2250	Yes ☒ No ☐	Yes ☒ No ☐	126	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	22 23 53	11635
(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.	
TRANSAMERICA RETIREMENT SOLUTIONS 230 W MONROE STREET CHICAGO, IL 60606 13-3689044	COMMISSIONS	
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>MJO INDUSTRIES 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MJO INDUSTRIES</u>	D Employer Identification Number (EIN) <u>25-1841702</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>COLUMBIA BALANCED ADV</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13466</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA MID CAP INDEX I2</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>83027</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN SMALL CAP VALUE I</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>92116</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LORD ABBETT HIGH YIELD R4</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>92736</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA SMALL CAP INDEX I2</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>105951</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA STRATEGIC INCOME FUND</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>107830</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DELAWARE EMERGING MARKETS INSTL</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>107973</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INTERNATIONAL BOND (USD-HEDGE)			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	173975
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON T			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	188486
a Name of MTIA, CCT, PSA, or 103-12 IE: ISHARES S&P 500 INDEX K			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	281132
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFLATION-PROTECTED SECURITIES			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	284255
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GNMA ADM			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	290055
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA CONTRARIAN CORE I3			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	315273
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERNATIONAL CORE EQUITY I			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	317496
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VALUE R3			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	533371
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON FORTY I			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	541247
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET CORE PLUS BOND I			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1147427

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan MJO INDUSTRIES 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MJO INDUSTRIES	D Employer Identification Number (EIN) 25-1841702	

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)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	0	547375
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	17362
	(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)	0	258208
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)	174048	445363
	(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)	98627	122785
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	6279520	4675818
	(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)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	842775
	(15) Other	1c(15)	348663	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6900858	6909686

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	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6900858	6909686
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	214566	
(B) Participants	2a(1)(B)	519982	
(C) Others (including rollovers)	2a(1)(C)	51907	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		786455
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4598	
(F) Other	2b(1)(F)	4449	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9047
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	121208	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		121208
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-398301
(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)		
c Other income.....	2c		1200
d Total income. Add all income amounts in column (b) and enter total	2d		519609

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	461053	
(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)		461053
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)	42518	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	7210	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		49728
j Total expenses. Add all expense amounts in column (b) and enter total	2j		510781

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8828
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (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: BKD, LLP

(2) EIN: 44-0160260

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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
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?.....		X	
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?.....		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
4n		X	

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

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

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

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan MJO INDUSTRIES 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MJO INDUSTRIES		D Employer Identification Number (EIN) 25-1841702
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2018 v. 171027		

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):

MJO Industries 401(k) Plan

EIN 25-1841702 PN 001

Independent Auditor's Report and Financial Statements
December 31, 2018 (Audited or Certified) and 2017 (Compiled)



MJO Industries 401(k) Plan

December 31, 2018 and 2017

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Independent Auditor's Report

Trustees
MJO Industries 401(k) Plan
Huber Heights, Ohio

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion on 2018 Financial Statements* 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 on 2018 Financial Statements

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, auditing procedures with respect to the information summarized in Note 3, which was certified by Transamerica Financial Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions related to these assets. The Plan Administrator has obtained a certification from the custodian as of and for the year ended December 31, 2018, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on 2018 Financial Statements* 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 the 2018 financial statements.

2017 Financial Statements Compiled

We have compiled the accompanying statement of net assets available for benefits as of December 31, 2017. We have not audited or reviewed the accompanying statement of net assets available for benefits and, accordingly, do not express an opinion or provide any assurance about whether the statement of net assets available for benefits is in accordance with accounting principles generally accepted in the United States of America.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information, in the form of financial statements, without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Other Matter

The supplemental schedule listed in the table of contents is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and is presented for the purpose 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 on 2018 Financial Statements* paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the 2018 financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

BKD, LLP

MJO Industries 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

Assets

	2018 (Audited or Certified)	2017 (Compiled)
Investments, at Fair Value	<u>6,239,526</u>	<u>6,802,231</u>
Receivables		
Accrued interest receivable	2,188	-
Notes receivable from participants	<u>122,785</u>	<u>98,627</u>
Total receivables	<u>124,973</u>	<u>98,627</u>
Total assets	<u>6,364,499</u>	<u>6,900,858</u>
Net Assets Available for Benefits	<u><u>\$ 6,364,499</u></u>	<u><u>\$ 6,900,858</u></u>

MJO Industries 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2018

	2018 (Audited or Certified)
Investment Income	
Net appreciation (depreciation) in fair value of investments	(398,301)
Interest and dividends	<u>125,657</u>
Net investment income	<u>(272,644)</u>
Interest Income on Notes Receivable From Participants	<u>4,598</u>
Contributions	
Employer	214,566
Participants	519,982
Rollovers	51,907
Plan expense reimbursements	<u>1,200</u>
	<u>787,655</u>
Total additions	<u>519,609</u>
Deductions	
Benefits paid to participants	1,006,240
Administrative expenses	<u>49,728</u>
Total deductions	<u>1,055,968</u>
Net Decrease	(536,359)
Net Assets Available for Benefits, Beginning of Year	<u>6,900,858</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 6,364,499</u></u>

MJO Industries 401(k) Plan

Notes to Financial Statements

December 31, 2018 and 2017

Note 1: Description of the Plan

General

The following description of the MJO Industries 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan sponsored by Hughes-Peters, Inc. (Company) for the benefit of its employees who have at least six months of service and are age 21 or older. Related employers who also participate in the Plan include Baader Brown Industries, LLC. Collectively bargained and leased employees are excluded from participating in the Plan. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Individuals employed by the Sponsor are trustees of the Plan. Morgan Stanley Smith Barney LLC and Transamerica Financial Life Insurance Company serve as Plan custodians.

Contributions

The Plan permits eligible employees, through a salary deferral election, to have the Company make annual contributions of up to 100% of eligible compensation. Employee rollover contributions are also permitted. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Company safe harbor matching contributions are 100% of the amount contributed to the Plan for the Plan year up to the first 3% of Plan compensation plus 50% of the amount contributed between 3% and 5% of Plan compensation. Company additional matching and profit-sharing contributions are discretionary as determined by the Company's Board of Trustees. Contributions are subject to certain limitations.

Participant Investment Account Options

Each participant has the option of directing his contributions into any of the various investment options offered by the Plan and may change the allocation daily.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contributions, and Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions and Company safe harbor contributions plus earnings thereon. Vesting in the Company's additional matching and profit sharing contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is fully vested in Company additional and profit-sharing contributions after six years of continuous service.

MJO Industries 401(k) Plan

Notes to Financial Statements

December 31, 2018 and 2017

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear a reasonable rate of interest. The loan interest rate was set at the prime rate during the year ended December 31, 2018. Principal and interest is paid ratably through weekly payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. In-service withdrawals are permitted upon attainment of age 59 ½. Hardship withdrawals for immediate and heavy financial needs as defined in the Plan Document are available to participants while currently employed.

Forfeited Accounts

At December 31, 2018 and 2017, forfeited nonvested accounts totaled \$38 and \$38, respectively. These accounts will be used to reduce future Plan administrative expenses or employer contributions.

Other Unallocated Accounts

In accordance with the service agreement with the Plan Sponsor, a portion of the Insurance Company General Account represents a Plan level expense account funded by Transamerica Financial Life Insurance Company. The balance of this account was \$657 and \$655 at December 31, 2018 and 2017, respectively. The Plan Sponsor has the ability to use these funds to pay for future Plan expenses. Plan investment management expenses of \$1,200 were paid from this account in the year ended December 31, 2018. This account is regarded as an asset of the Plan for financial statement and Form 5500 reporting.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

MJO Industries 401(k) Plan

Notes to Financial Statements

December 31, 2018 and 2017

Investment Valuation and Income Recognition

Investments are reported at fair value. Quoted market prices, if available, are used to value investments. The Plan's interest in the Life Insurance Company's general account is the redeemable value of the account as reported by Transamerica Financial Life Insurance Company. The Plan's interest in the pooled separate account is valued at the net asset value (NAV) of shares held by the Plan at year end. The NAV is used as a practical expedient to estimate fair value of the pooled separate account. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Corporate bonds are valued on the basis of yields currently available on comparable securities of issuers with similar credit ratings.

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. Net appreciation (depreciation) in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Transfers Between Fair Value Hierarchy Levels

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the last day of the Plan year.

Note 3: Certification of Plan Custodian

The Company has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica Financial Life Insurance Company, the custodian of the Plan, has certified the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

MJO Industries 401(k) Plan

Notes to Financial Statements

December 31, 2018 and 2017

- Insurance company general accounts, pooled separate accounts and notes receivable from participants as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2018 and 2017.
- Investment income from insurance company general accounts, pooled separate accounts and interest income from notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2018.
- Investment information from insurance company general accounts, pooled separate accounts and notes receivable from participants included in the accompanying schedule of assets (held at end of year) as of December 31, 2018.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 4: Related Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain Plan investments are interests in an insurance company general account and pooled separate accounts managed by Transamerica; and money market accounts managed by Morgan Stanley, the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Company directly pays certain other fees related to the Plan's operations.

The Plan paid recordkeeping fees during 2018 of \$39,068 to Transamerica and \$11,365 to Morgan Stanley. The Company provides certain administrative services at no cost to the Plan.

Note 5: Plan Amendments

Effective November 19, 2018, the Plan was amended to change trustees.

Effective November 15, 2018, a participant may elect to convert all or any portion of his/her non-Roth vested account balance to an In-Plan Roth conversion account.

Effective September 17, 2017, the Plan was amended to include a predecessor employer, Hammond Electronics. Service with the predecessor employer is automatically counted for eligibility, vesting and for purposes of applying any allocation conditions.

MJO Industries 401(k) Plan

Notes to Financial Statements

December 31, 2018 and 2017

Note 6: Disclosures About Fair Value of Plan Assets and Liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** 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 for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

MJO Industries 401(k) Plan
Notes to Financial Statements
December 31, 2018 and 2017

Recurring Measurements

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2018 (Audited or Certified) and 2017 (Compiled):

		Fair Value Measurement Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
December 31, 2018				
Money markets	\$ 17,362	\$ 17,362	\$ -	\$ -
Common stocks	445,363	445,363	-	-
Insurance company general account	842,775	-	842,775	-
Corporate debt securities	258,208	-	258,208	-
Total assets in the fair value hierarchy	1,563,708	<u>\$ 462,725</u>	<u>\$ 1,100,983</u>	<u>\$ -</u>
Investments measured at net asset value - pooled separate accounts (A)	<u>4,675,818</u>			
Investments at fair value	<u>6,239,526</u>			
December 31, 2017				
Money markets	\$ 14,037	\$ 14,037	\$ -	\$ -
Common stocks	407,378	407,378	-	-
Insurance company general account	823,499	-	823,499	-
Corporate debt securities	101,295	-	101,295	-
Total assets in the fair value hierarchy	1,346,209	<u>\$ 407,378</u>	<u>\$ 924,794</u>	<u>\$ -</u>
Investments measured at net asset value - pooled separate accounts (A)	<u>5,456,022</u>			
Investments at fair value	<u>\$ 6,802,231</u>			

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

MJO Industries 401(k) Plan

Notes to Financial Statements

December 31, 2018 and 2017

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2018 and 2017. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2018 and 2017. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

		December 31, 2018		
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts	\$ 4,675,818	N/A	Daily	None
		December 31, 2017		
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts	\$ 5,456,022	N/A	Daily	None

MJO Industries 401(k) Plan
Notes to Financial Statements
December 31, 2018 and 2017

Note 7: Plan Termination

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Note 8: Tax Status

The Plan operates under a volume submitter defined contribution plan sponsored by Trinity Pension Consultants, Inc. This volume submitter plan document has been filed with the appropriate agency. The Plan has not obtained or requested a determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

Note 9: Risk and Uncertainties

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

Note 10: Subsequent Events

Subsequent events have been evaluated through October 15, 2019, which is the date the financial statements were available to be issued.

Supplemental Schedule

MJO Industries 401(k) Plan

EIN 25-1841702 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2018

Identity of Issuer	Description of Investment	Cost	Current Value
Abbvie Inc Com	Common Stock; 36 Shares	**	\$ 3,319
Accenture PLC Ireland CL A	Common Stock; 39 Shares	**	5,499
AIA Group LTD Spon ADR	Common Stock; 97 Shares	**	3,189
Alibaba Group HLDG	Common Stock; 9 Shares	**	1,234
Allergan PLC SHS	Common Stock; 6 Shares	**	802
Alphabet Inc CL A	Common Stock; 4 Shares	**	4,180
Altria Group Inc	Common Stock; 100 Shares	**	4,939
Ameren Corp	Common Stock; 17 Shares	**	1,109
American Electric Power Co	Common Stock; 31 Shares	**	2,317
Anheuser Busch Inbev SA Spon	Common Stock; 26 Shares	**	1,711
AON PLC SHS CL-A	Common Stock; 29 Shares	**	4,215
Apple Inc	Common Stock; 38 Shares	**	5,994
ASSA Abloy AB Unsp ADR	Common Stock; 181 Shares	**	1,605
Astrazeneca PLC ADS	Common Stock; 25 Shares	**	950
AT&T Inc	Common Stock; 194 Shares	**	5,537
Automatic Data Processing Inc	Common Stock; 10 Shares	**	1,311
Bank of America Corp	Common Stock; 72 Shares	**	1,774
Bank of New York Mellon Corp	Common Stock; 28 Shares	**	1,318
Baxter Intl Inc	Common Stock; 10 Shares	**	658
BB&T Corp	Common Stock; 35 Shares	**	1,516
BCE Inc	Common Stock; 66 Shares	**	2,609
Becton Dickinson & Co	Common Stock; 5 Shares	**	1,127
Biogen Inc Com	Common Stock; 13 Shares	**	3,912
Blackrock Inc	Common Stock; 5 Shares	**	1,964
Boeing Co	Common Stock; 3 Shares	**	968
Boston Scientific Corp	Common Stock; 82 Shares	**	2,898
BP PLC ADS	Common Stock; 77 Shares	**	2,920
Bristol Myers Squibb Co	Common Stock; 20 Shares	**	1,040
British Amer TOB Spon ADR	Common Stock; 43 Shares	**	1,370
Broadcom Inc	Common Stock; 3 Shares	**	763
Bunzl PLC New	Common Stock; 89 Shares	**	2,734
CAE Inc	Common Stock; 95 Shares	**	1,743
Canadian Natl Railway Co	Common Stock; 48 Shares	**	3,557
Carnival CP New Paired Com	Common Stock; 14 Shares	**	690
CDN Impl BK Commerce	Common Stock; 27 Shares	**	2,013
Charles Schwab New	Common Stock; 65 Shares	**	2,699
Chevron Corp	Common Stock; 64 Shares	**	6,963
Chubb LTD	Common Stock; 26 Shares	**	3,359
Cisco Sys Inc	Common Stock; 187 Shares	**	8,103
CME Group Inc	Common Stock; 15 Shares	**	2,822
CMS Energy CP	Common Stock; 18 Shares	**	894
Coca Cola Co	Common Stock; 173 Shares	**	8,192
Coca Cola European Partners P	Common Stock; 58 Shares	**	2,657
Colgate Palmolive Co	Common Stock; 15 Shares	**	893

MJO Industries 401(k) Plan

EIN 25-1841702 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)

December 31, 2018

Identity of Issuer	Description of Investment	Cost	Current Value
Comcast Corp (NEW) Class A	Common Stock; 124 Shares	**	4,222
Comerica Inc	Common Stock; 30 Shares	**	2,061
Compass Group PLC SPD ADR	Common Stock; 144 Shares	**	3,010
ConocoPhillips	Common Stock; 27 Shares	**	1,683
Crown Castle Intl Corp	Common Stock; 40 Shares	**	4,345
Cummins Inc	Common Stock; 5 Shares	**	668
CVS Health Corp Com	Common Stock; 17 Shares	**	1,114
Cyrusone Inc	Common Stock; 23 Shares	**	1,216
Daiwa House Ind Ltd ADR	Common Stock; 84 Shares	**	2,671
Diageo PLC Spon ADR New	Common Stock; 37 Shares	**	5,247
Digital Realty Trust Inc	Common Stock; 8 Shares	**	852
Dominion Energy Inc	Common Stock; 48 Shares	**	3,430
DowDupont Inc	Common Stock; 21 Shares	**	1,123
Duke Energy Corporation	Common Stock; 37 Shares	**	3,193
Eaton Corp PLC SHS	Common Stock; 23 Shares	**	1,579
Ebay Inc	Common Stock; 52 Shares	**	1,460
Eli Lilly & Co	Common Stock; 13 Shares	**	1,504
Epiroc Aktiebolag ADR	Common Stock; 255 Shares	**	2,402
Eversource Energy Com	Common Stock; 16 Shares	**	1,041
Exxon Mobil Corp	Common Stock; 81 Shares	**	5,523
Fidelity Natl Information SE	Common Stock; 16 Shares	**	1,641
General Mills Inc	Common Stock; 32 Shares	**	1,246
General Mtrs Co	Common Stock; 21 Shares	**	702
Genl Dynamics Corp	Common Stock; 12 Shares	**	1,887
Gilead Science	Common Stock; 9 Shares	**	563
GlaxoSmithKline PLC ADR	Common Stock; 78 Shares	**	2,980
Hang Seng Bank LTD Spon ADR	Common Stock; 132 Shares	**	2,954
HDFC Bank LTD ADR	Common Stock; 26 Shares	**	2,693
Hershey Company	Common Stock; 5 Shares	**	536
Hexagon AB ADR	Common Stock; 44 Shares	**	2,059
Home Depot Inc	Common Stock; 14 Shares	**	2,405
Honeywell International Inc	Common Stock; 60 Shares	**	7,927
Huntington Bancshares	Common Stock; 60 Shares	**	715
Intersoll-Rand PLC SHS	Common Stock; 24 Shares	**	2,190
Intel Corp	Common Stock; 63 Shares	**	2,957
InterContinentalExchange Group	Common Stock; 51 Shares	**	3,842
Intl Business Machines Corp	Common Stock; 11 Shares	**	1,250
Invesco LTD	Common Stock; 33 Shares	**	552
IQVIA Holdings Inc	Common Stock; 37 Shares	**	4,298
Israel Disc BK LTD ADR	Common Stock; 71 Shares	**	2,146
Johnson & Johnson	Common Stock; 96 Shares	**	12,389
JPMorgan Chase & Co	Common Stock; 69 Shares	**	6,736
Julius Baer Group LTD UN ADR	Common Stock; 142 Shares	**	1,003
KAO Group	Common Stock; 160 Shares	**	2,384

MJO Industries 401(k) Plan

EIN 25-1841702 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)

December 31, 2018

Identity of Issuer	Description of Investment	Cost	Current Value
Kellogg Co	Common Stock; 28 Shares	**	1,596
Kimberly Clark Corp	Common Stock; 24 Shares	**	2,735
KLA Tencor Corp	Common Stock; 7 Shares	**	626
Kraft Heinz Co	Common Stock; 15 Shares	**	646
LAM Research Corporation	Common Stock; 5 Shares	**	681
Linde PLC	Common Stock; 7 Shares	**	1,092
Lockheed Martin Corp	Common Stock; 14 Shares	**	3,666
Lowes Companies Inc	Common Stock; 38 Shares	**	3,510
Lyondellbasell NV CL-A	Common Stock; 10 Shares	**	832
Marsh & McLennan COS Inc	Common Stock; 44 Shares	**	3,509
McDonalds Corp	Common Stock; 25 Shares	**	4,439
Medtronic PLC SHS	Common Stock; 25 Shares	**	2,274
Merck & Co INC NEW COM	Common Stock; 53 Shares	**	4,050
Microsoft Corp	Common Stock; 130 Shares	**	13,204
Mondelez Intl Inc Com	Common Stock; 25 Shares	**	1,001
Motorola Solutions Inc	Common Stock; 21 Shares	**	2,416
National Grid PLC Spon ADR	Common Stock; 46 Shares	**	2,207
Nextera Energy Inc	Common Stock; 16 Shares	**	2,781
Nordea Bank ABP Spon ADR	Common Stock; 254 Shares	**	2,131
Novartis AG ADR	Common Stock; 35 Shares	**	3,003
Occidental Petroleum Corp DE	Common Stock; 33 Shares	**	2,026
Oversea-Chinese BKG Corp LTD	Common Stock; 199 Shares	**	3,306
Packaging Corp Amer	Common Stock; 18 Shares	**	1,502
Parker Hannifin Corp	Common Stock; 5 Shares	**	746
Pepsico Inc NC	Common Stock; 49 Shares	**	5,414
Pfizer Inc	Common Stock; 122 Shares	**	5,325
Phillip Morris Intl Inc	Common Stock; 89 Shares	**	5,942
Phillips 66 Com	Common Stock; 14 Shares	**	1,206
PNC Finl SVCS GP	Common Stock; 19 Shares	**	2,221
PPL Corporation	Common Stock; 68 Shares	**	1,926
Principal Finl Group Inc	Common Stock; 15 Shares	**	663
Proctor & Gamble	Common Stock; 78 Shares	**	7,170
Prudential PLC ADR	Common Stock; 62 Shares	**	2,193
Public Storage	Common Stock; 6 Shares	**	1,214
Realty Income Group	Common Stock; 34 Shares	**	2,143
Relx PLC Sponsored ADR	Common Stock; 178 Shares	**	3,653
Rockwell Automation Inc	Common Stock; 11 Shares	**	1,655
RSA Insurance Group PLC New	Common Stock; 250 Shares	**	1,675
Ryohin Keikaku Co LTD ADR	Common Stock; 46 Shares	**	2,213
S&P Global Inc Com	Common Stock; 15 Shares	**	2,549
Sampo OYJ Unspn ADR	Common Stock; 92 Shares	**	2,038
Sanlam LTD ADR	Common Stock; 180 Shares	**	1,986
Schlumberger LTD	Common Stock; 60 Shares	**	2,165
Sonoco Products Co	Common Stock; 17 Shares	**	903

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)

December 31, 2018

Identity of Issuer	Description of Investment	Cost	Current Value
Southern Co	Common Stock; 48 Shares	**	2,108
Starbucks Corp Washington	Common Stock; 37 Shares	**	2,383
Suncor Energy Inc	Common Stock; 31 Shares	**	867
Symrise AG Unspons ADR	Common Stock; 109 Shares	**	2,019
T Rowe Price Group Inc	Common Stock; 8 Shares	**	739
Taiwan SMCNDCR MFG Co LTD ADR	Common Stock; 54 Shares	**	1,993
Technopro Holdings LTD	Common Stock; 211 Shares	**	1,690
Tencent Hldgs LTD Unspn ADR	Common Stock; 60 Shares	**	2,368
Texas Instruments	Common Stock; 42 Shares	**	3,969
Thermo Fisher Scientific	Common Stock; 21 Shares	**	4,700
TJX COS Inc New	Common Stock; 14 Shares	**	626
Toronto DOM BK New	Common Stock; 56 Shares	**	2,784
Total S A Spon ADR	Common Stock; 25 Shares	**	1,305
U S Bancorp Com New	Common Stock; 35 Shares	**	1,600
Ubisoft Entmt SA Unspn ADR	Common Stock; 161 Shares	**	2,603
Unilever PLC (New) ADS	Common Stock; 80 Shares	**	4,180
Union Pacific Corp	Common Stock; 31 Shares	**	4,285
United Parcel SEL Inc CL-B	Common Stock; 20 Shares	**	1,951
United Technologies Corp	Common Stock; 13 Shares	**	1,384
UnitedHealth GP Inc	Common Stock; 11 Shares	**	2,740
Valero Energy CP Dela New	Common Stock; 14 Shares	**	1,050
Ventas Inc	Common Stock; 35 Shares	**	2,051
Verizon Communications	Common Stock; 72 Shares	**	4,048
VISA Inc CL A	Common Stock; 29 Shares	**	3,826
Vodafone Group PLC	Common Stock; 135 Shares	**	2,603
Walmart Inc	Common Stock; 20 Shares	**	1,863
Walt Disney Co Hlqd Co	Common Stock; 18 Shares	**	1,974
Waste Mgmt Inc (DELA)	Common Stock; 16 Shares	**	1,424
WEC Energy Group Inc Com	Common Stock; 36 Shares	**	2,493
Weir Group PLC Sponsored ADR	Common Stock; 142 Shares	**	1,153
Welbilt Inc	Common Stock; 111 Shares	**	1,233
Wells Fargo & Co New	Common Stock; 40 Shares	**	1,843
Welltower Inc	Common Stock; 25 Shares	**	1,735
Whirlpool Corp	Common Stock; 5 Shares	**	534
Wolters Kluwer NV Spon ADR	Common Stock; 81 Shares	**	4,753
Worldpay Inc CL A	Common Stock; 46 Shares	**	3,516
Xcel Energy Inc	Common Stock; 18 Shares	**	887
Yamaha Corporation Spons ADR	Common Stock; 44 Shares	**	1,840
Zoetis Inc Class-A	Common Stock; 46 Shares	**	4,020
3M Company	Common Stock; 8 Shares	**	1,524
Total Common Stock			445,363

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)

December 31, 2018

Identity of Issuer	Description of Investment	Cost	Current Value
American Express Credit Corp	Corporate Debt Securities, \$6,000 par value, interest 2.25%, 8/15/2019 maturity	**	\$ 5,973
American International Group	Corporate Debt Securities, \$7,000 par value, interest 3.375%, 8/15/2020 maturity	**	7,016
Apple Inc	Corporate Debt Securities, \$6,000 par value, interest 2.1%, 5/6/2019 maturity	**	5,987
Astrazeneca PLC	Corporate Debt Securities, \$8,000 par value, interest 2.375%, 11/16/2020 maturity	**	7,861
Bank of America Corp	Corporate Debt Securities, \$8,000 par value, interest 3.3%, 1/11/2023 maturity	**	7,879
Bank of New York Mellon	Corporate Debt Securities, \$6,000 par value, interest 3.55%, 9/23/2021 maturity	**	6,069
Bank of Nova Scotia/THE	Corporate Debt Securities, \$6,000 par value, interest 1.95%, 1/15/2019 maturity	**	5,998
BB&T Corp	Corporate Debt Securities, \$6,000 par value, interest 2.625%, 6/29/2020 maturity	**	5,946
Boeing Capital Corp	Corporate Debt Securities, \$7,000 par value, interest 4.7%, 10/27/2019 maturity	**	7,087
BP Capital Markets PLC	Corporate Debt Securities, \$7,000 par value, interest 3.245%, 5/6/2022 maturity	**	6,939
Cisco Systems Inc	Corporate Debt Securities, \$6,000 par value, interest 1.6%, 2/28/2019 maturity	**	5,988
CitiGroup Inc	Corporate Debt Securities, \$6,000 par value, interest 2.876%, 7/24/2023 maturity	**	5,806
Coca-Cola Co/THE	Corporate Debt Securities, \$5,000 par value, interest 3.2%, 11/1/2023 maturity	**	5,016
Enterprise Products Operating LLC	Corporate Debt Securities, \$6,000 par value, interest 5.25%, 1/31/2020 maturity	**	6,112
General Dynamics Corp	Corporate Debt Securities, \$6,000 par value, interest 3.375%, 5/15/2023 maturity	**	6,042
General Electric Co	Corporate Debt Securities, \$6,000 par value, interest 4.65%, 10/17/2021 maturity	**	6,018
General Motors Financial Co Inc	Corporate Debt Securities, \$6,000 par value, interest 4.15%, 6/19/2023 maturity	**	5,846
Gilead Sciences Inc	Corporate Debt Securities, \$6,000 par value, interest 4.4%, 12/1/2021 maturity	**	6,192
Goldman Sachs Group Inc/The	Corporate Debt Securities, \$6,000 par value, interest 2.6%, 4/23/2020 maturity	**	5,941
Home Depot Inc/The	Corporate Debt Securities, \$2,000 par value, interest 3.95%, 9/15/2020 maturity	**	2,033
Intel Corp	Corporate Debt Securities, \$7,000 par value, interest 1.7%, 5/19/2021 maturity	**	6,803
JPMorgan Chase & Co	Corporate Debt Securities, \$8,000 par value, interest 3.25%, 9/23/2022 maturity	**	7,936

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)

December 31, 2018

Identity of Issuer	Description of Investment	Cost	Current Value
Kroger Co/The	Corporate Debt Securities, \$8,000 par value, interest 2.8%, 8/1/2022 maturity	**	7,797
Lockheed Martin Corp	Corporate Debt Securities, \$7,000 par value, interest 4.25%, 11/15/2019 maturity	**	7,081
McDonald's Corp	Corporate Debt Securities, \$6,000 par value, interest 2.75%, 12/9/2020 maturity	**	5,958
Merck & Co Inc	Corporate Debt Securities, \$8,000 par value, interest 1.85%, 2/10/2020 maturity	**	7,928
Microsoft Corp	Corporate Debt Securities, \$6,000 par value, interest 4.0%, 2/8/2021 maturity	**	6,166
Occidental Petroleum Corp	Corporate Debt Securities, \$7,000 par value, interest 3.125%, 2/15/2022 maturity	**	6,961
Oracle Corp	Corporate Debt Securities, \$6,000 par value, interest 3.625%, 7/15/2023 maturity	**	6,081
Pepsico Inc	Corporate Debt Securities, \$7,000 par value, interest 2.75%, 3/5/2022 maturity	**	6,929
Proctor & Gamble Co/The	Corporate Debt Securities, \$7,000 par value, interest 1.9%, 11/1/2019 maturity	**	6,947
Shell International Finance BV	Corporate Debt Securities, \$5,000 par value, interest 3.5%, 11/13/2023 maturity	**	5,059
Starbucks Corp	Corporate Debt Securities, \$8,000 par value, interest 3.1%, 3/1/2023 maturity	**	7,880
United Parcel Service Inc	Corporate Debt Securities, \$6,000 par value, interest 5.125%, 4/1/2019 maturity	**	6,032
United Technologies Corp	Corporate Debt Securities, \$7,000 par value, interest 3.1%, 6/1/2022 maturity	**	6,855
UnitedHealth Group Inc	Corporate Debt Securities, \$7,000 par value, interest 3.35%, 7/15/2022 maturity	**	7,032
Verizon Communications Inc	Corporate Debt Securities, \$8,000 par value, interest 2.45%, 11/1/2022 maturity	**	7,760
Walt Disney Co/The	Corporate Debt Securities, \$7,000 par value, interest 2.75%, 8/16/2021 maturity	**	6,958
Warner Media Co/The	Corporate Debt Securities, \$6,000 par value, interest 4.7%, 1/15/2021 maturity	**	6,153
Wells Fargo & Co	Corporate Debt Securities, \$6,000 par value, interest 4.6%, 4/1/2021 maturity	**	6,143
Total Corporate Debt Securities			258,208

MJO Industries 401(k) Plan

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)

December 31, 2018

Identity of Issuer	Description of Investment	Cost	Current Value
* Transamerica	Blackrock S&P 500 Index K	**	\$ 281,132
* Transamerica	Columbia Balanced Adv	**	13,467
* Transamerica	Columbia Contrarian Core Instl3	**	315,273
* Transamerica	Columbia Mid Cap Index Instl2	**	83,027
* Transamerica	Columbia Small Cap Index Instl2	**	105,950
* Transamerica	Columbia Strategic Income A	**	107,830
* Transamerica	DFA Inflation-protected Securities I	**	284,255
* Transamerica	DFA International Core Equity I	**	317,496
* Transamerica	Delaware Emerging Markets Instl	**	107,973
* Transamerica	Janus Henderson Forty I	**	541,248
* Transamerica	Janus Henderson Triton T	**	188,486
* Transamerica	Lord Abbett High Yield R4	**	92,736
* Transamerica	MFS Value R3	**	533,371
* Transamerica	Nuveen Small Cap Value I	**	92,116
	PIMCO International Bond (USD Hedged)		
* Transamerica	Instl	**	173,975
* Transamerica	Vanguard Gnma Adm	**	290,056
* Transamerica	Western Asset Core Plus Bond I	**	1,147,427
Total Pooled Separate Accounts			4,675,818
* Transamerica	Transamerica Stable Value Focus	**	842,118
* Transamerica	Transamerica Stable Value	**	657
Total Insurance Company General Accounts			842,775
* Morgan Stanley	Money market	**	8,467
* Morgan Stanley	Money market	**	8,895
Total Money Market Funds			17,362
	Notes bearing interest of 4.25% to 5.50% with various maturity dates through August 2024		
* Participant loans		-	122,785
			\$ 6,362,311

(*) Party-in-interest

(**) Not required for participant-directed investments