

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2019</div> This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 150px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report </div> <div> ☐ the final return/report </div> </div>
	☒ an amended return/report <div style="margin-left: 150px;">☐ a short plan year return/report (less than 12 months)</div>
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>
	☐ special extension (enter description) _____

Part II	Basic Plan Information —enter all requested information									
1a	Name of plan <u>THE GATES GROUP RETIREMENT PLAN</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶</td> <td><u>333</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan</td> <td><u>10/01/1964</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶	<u>333</u>	1c	Effective date of plan	<u>10/01/1964</u>			
1b	Three-digit plan number (PN) ▶	<u>333</u>								
1c	Effective date of plan	<u>10/01/1964</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>GATES CORPORATION</u> <u>1144 15TH STREET</u> <u>SUITE 1400</u> <u>DENVER, CO 80202</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN)</td> <td><u>84-0857401</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number</td> <td><u>303-744-5042</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions)</td> <td><u>326200</u></td> </tr> </table>	2b	Employer Identification Number (EIN)	<u>84-0857401</u>	2c	Plan Sponsor's telephone number	<u>303-744-5042</u>	2d	Business code (see instructions)	<u>326200</u>
2b	Employer Identification Number (EIN)	<u>84-0857401</u>								
2c	Plan Sponsor's telephone number	<u>303-744-5042</u>								
2d	Business code (see instructions)	<u>326200</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.	02/11/2021	MARK KLINGENMEIER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor GATES RETIREMENT BOARD 1144 15TH STREET, SUITE 1400 DENVER, CO 80202		3b Administrator's EIN 84-0857401
		3c Administrator's telephone number 303-744-5599
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 2659
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		6a(1) 361
a(2) Total number of active participants at the end of the plan year		6a(2) 323
b Retired or separated participants receiving benefits.....		6b 1095
c Other retired or separated participants entitled to future benefits		6c 840
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 2258
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 228
f Total. Add lines 6d and 6e		6f 2486
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		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: 1A 1B 1C 1D 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) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
---	---	---

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan THE GATES GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 GATES CORPORATION	D Employer Identification Number (EIN) 84-0857401

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.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier PRINCIPAL 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
42-0127290	61271	336130	0	01/01/2019	12/31/2019

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

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

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

(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** 4414005**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 4091761**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 129817
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 129817**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 4221578**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 20660(2) Administration charge made by carrier **7e(2)** 11581(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 32241**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 4189337

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. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
---	---	---

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan THE GATES GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 GATES CORPORATION	D Employer Identification Number (EIN) 84-0857401

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.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier METROPOLITAN 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
13-5581829	65978	GAC163A	0	01/01/2019	12/31/2019

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

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

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

(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** 8973**5** Current value of plan's interest under this contract in separate accounts at year end **5** 1834131**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 8779**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 194
(4) Transferred from separate account **7c(4)** 144961
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 145155**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 153934**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 138630(2) Administration charge made by carrier **7e(2)** 5824(3) Transferred to separate account **7e(3)** 507(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 144961**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 8973

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. ▶

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

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan <u>THE GATES GROUP RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GATES CORPORATION</u>	D Employer Identification Number (EIN) <u>84-0857401</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>206272826</u>
b Actuarial value	2b <u>216330360</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>1322</u> <u>186604613</u> <u>186604613</u>
b For terminated vested participants.....	<u>976</u> <u>29361441</u> <u>29361441</u>
c For active participants	<u>361</u> <u>10177961</u> <u>10447827</u>
d Total.....	<u>2659</u> <u>226144015</u> <u>226413881</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.35</u> %
6 Target normal cost.....	6 <u>2569940</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>01/20/2021</u>
	Signature of actuary	Date
<u>THOMAS M. GIECK</u>	Type or print name of actuary	<u>20-07245</u>
<u>WILLIS TOWERS WATSON US LLC</u>	Firm name	Most recent enrollment number
<u>555 17TH STREET, SUITE 2050</u> <u>DENVER, CO 80202</u>	Address of the firm	<u>303-391-1200</u>
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2019
v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	19678087	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1899232	0
9 Amount remaining (line 7 minus line 8)	17778855	0
10 Interest on line 9 using prior year's actual return of <u>-6.71</u> %	-1192961	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.53</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	6864037	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9721857	0

Part III Funding Percentages

14 Funding target attainment percentage	14	91.25 %
15 Adjusted funding target attainment percentage	15	94.27 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.48 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/04/2021	1000000	0			
Totals ▶			18(b)	1000000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	900311

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 2569940**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 19805378 Installment 3218131**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 5788071

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	5788071		5788071

36 Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 900311**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 900311**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 900311**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan THE GATES GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 GATES CORPORATION	D Employer Identification Number (EIN) 84-0857401

Part I	Service Provider Information (see instructions)
--------	---

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

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

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

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

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

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

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

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

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

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

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

TOWERS WATSON INVESTMENT SERVICE IN

52-1868818

(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?
16 17	NONE	282783	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	251317	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(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?
21 28	NONE	97122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ACM LLP

01-0724563

(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?
10	NONE	56500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGAL & GENERAL INVESTMENT MANAGEME

20-8058531

(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?
28	NONE	31231	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL LIFE INSURANCE CO

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 23	NONE	11581	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

INCOME RESEARCH & MANAGEMENT INC

04-2955404

(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?
28	NONE	9776	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK

94-3112180

(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?
28	NONE	8176	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 23	NONE	7041	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2019</div> This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>THE GATES GROUP RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GATES CORPORATION</u>	D Employer Identification Number (EIN) <u>84-0857401</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)
--------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE CORE LAGB</u>				
b Name of sponsor of entity listed in (a): <u>MET LIFE</u>				
c EIN-PN <u>13-5581829-377</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>1834131</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI COLLECTIVE SHORT TERM INV FUND</u>				
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>				
c EIN-PN <u>36-6036794-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4578660</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREASURY US 5 YR KEY RATE DURATION</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST</u>				
c EIN-PN <u>47-4104495-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5084999</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREASURY US 10 YR KEY RATE DURATION</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST</u>				
c EIN-PN <u>47-4226866-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7493031</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREASURY US 15 YR KEY RATE DURATION</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST</u>				
c EIN-PN <u>45-3856099-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5749194</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREASURY US 20 YR KEY RATE DURATION</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST</u>				
c EIN-PN <u>45-3856189-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1979985</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IR+M INTERMEDIATE CORPORATE COLLECT</u>				
b Name of sponsor of entity listed in (a): <u>IR+M COLLECTIVE INVESTMENT TRUST</u>				
c EIN-PN <u>37-6567224-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10057771</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTERMEDIATE US GOVT INDEX FD

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN 04-0025081-144	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9674457
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: WTWGT DIVERSIFIED CREDIT FUND

b Name of sponsor of entity listed in (a): WILLIS TOWERS WATSON GROUP TRUST

c EIN-PN 82-6695738-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31728422
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: WTWGT LONG CREDIT FUND

b Name of sponsor of entity listed in (a): WILLIS TOWERS WATSON GROUP TRUST

c EIN-PN 82-6695738-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9472750
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: WTWGT DIVERSIFIED EQUITY FUND

b Name of sponsor of entity listed in (a): WILLIS TOWERS WATSON GROUP TRUST

c EIN-PN 82-6695738-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56818514
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LONG US GOVERNMENT INDEX FUND

b Name of sponsor of entity listed in (a): STATE GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-142	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32923917
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: HEITMAN GLOBAL PRIME COLLECTIVE INV

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN 81-6903542-067	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17088500
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: LGIM GLOBAL CORE INFRASTRUCTURE CIT

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY OF DELAWARE

c EIN-PN 35-7085469-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17772024
--------------------------------	------------------------	--

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <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.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan THE GATES GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 GATES CORPORATION	D Employer Identification Number (EIN) 84-0857401	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	46471	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	2431925	17928
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(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)	1825816	1834131
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	200295107	210422224
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4050433	4422978
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	208649752 216697261
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	147588 110777
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	2427033 11765
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	2574621 122542
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	206075131 216574719

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
	(2) Noncash contributions	2a(2)	
	(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	0
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)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	130057
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
	(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)	97005
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		38561471
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		103783
(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		274775
d Total income. Add all income amounts in column (b) and enter total	2d		39167091

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26226855	
(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)		26226855
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)	601946	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	172021	
(4) Other	2i(4)	1666681	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2440648
j Total expenses. Add all expense amounts in column (b) and enter total	2j		28667503

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10499588
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **ACM LLP**

(2) EIN: **01-0724563**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		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?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	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.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4230321. (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>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan THE GATES GROUP RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 GATES CORPORATION		D Employer Identification Number (EIN) 84-0857401
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): 36-1561860		
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		3 115
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	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	15a	
	b The corresponding number for the second preceding plan year	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	16a	
	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	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	<p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p>a Enter the percentage of plan assets held as: Stock: <u>57.7</u> % Investment-Grade Debt: <u>42.3</u> % High-Yield Debt: _____ % Real Estate: <u>0.0</u> % Other: <u>0.0</u> %</p> <p>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</p> <p>c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____</p>
20	<p>PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p>a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No</p> <p>b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____</p>



The Gates Group Retirement Plan

Financial Statements and
Supplemental Schedules

As of and for the Years Ended
December 31, 2019 and 2018



The Gates Group Retirement Plan

Contents

Independent Auditor's Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018	3
Statements of Changes in Net Assets Available for Benefits - For the Years Ended December 31, 2019 and 2018	4
Notes to Financial Statements	5
Supplemental Schedules:	
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2019	21
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Acquired and Disposed of within the Plan Year) for the Year Ended December 31, 2019	22
Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2019	23
NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



Independent Auditor's Report

To the Plan Administrator of
The Gates Group Retirement Plan
Denver, Colorado

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Gates Group Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Northern Trust Company, the trustee of the Plan, and Principal Life Insurance Company, the custodian of the unallocated insurance contract, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee and custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of December 31, 2019 and 2018, and for the years then ended, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.



Disclaimer of Opinion

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

Emphasis of a Matter

As more fully described in Note 12, *Subsequent Events*, to the financial statements, due to the outbreak of a novel coronavirus (COVID-19), which was declared a global pandemic by the World Health Organization in March 2020, there has been substantial volatility in world financial markets. Our opinion is not modified with respect to this matter.

Other Matter – Supplemental Schedules

The supplemental Schedules of Assets (Held at End of Year) as of December 31, 2019, Assets (Acquired and Disposed of within the Plan Year) for the year ended December 31, 2019, and Reportable Transactions for the year ended December 31, 2019 are 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 are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

ACM LLP

Denver, Colorado
September 30, 2020

The Gates Group Retirement Plan

Statements of Net Assets Available for Benefits

<i>As of December 31,</i>	2019	2018
Assets:		
Cash	\$ -	\$ 46,471
Investments, at fair value	216,679,333	206,171,356
Receivables:		
Accrued interest receivable	-	3,354
Pending trade sales receivable	17,928	2,428,571
Total receivables	17,928	2,431,925
Total assets	216,697,261	208,649,752
Liabilities:		
Accrued administrative expenses	(110,777)	(147,588)
Pending trade purchases payable	(11,765)	(2,427,033)
Total liabilities	(122,542)	(2,574,621)
Net assets available for benefits	\$ 216,574,719	\$ 206,075,131

See accompanying independent auditor's report and notes to financial statements.

The Gates Group Retirement Plan

Statements of Changes in Net Assets Available for Benefits

<i>For the Years Ended December 31,</i>	2019	2018
Additions to (deduction from) net assets attributed to:		
Net investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 39,037,034	\$ (24,082,697)
Interest income from investments	130,057	6,933,530
Net investment income (loss)	39,167,091	(17,149,167)
Benefits paid to participants	(26,226,855)	(27,431,616)
Administrative expenses and investment management fees	(2,440,648)	(1,944,705)
Total deductions	(28,667,503)	(29,376,321)
Net increase (decrease) in net assets available for benefits	10,499,588	(46,525,488)
Net assets available for benefits, beginning of year	206,075,131	252,600,619
Net assets available for benefits, end of year	\$ 216,574,719	\$ 206,075,131

See accompanying independent auditor's report and notes to financial statements.

The Gates Group Retirement Plan

Notes to Financial Statements

1. DESCRIPTION OF THE PLAN

The following description of The Gates Group Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan Document (and its underlying sub-documents) and Summary Plan Description for a more complete description of the Plan’s provisions.

General

The Gates Corporation (the “Company”) maintains a non-contributory defined benefit retirement plan covering substantially all employees hired before January 1, 1990, in the domestic operations of the Company and certain subsidiaries. The Plan is an amalgamation of multiple plans within the Gates Automotive Group. The benefits, rights and features of each merged plan have been retained and are detailed in the individual sub-documents relating to specific employee groups covered.

Gates Industrial Corporation (“Gates Industrial”), which was formed in September 2017 and completed an initial public offering on January 25, 2018, indirectly owns all equity interests in the Company.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Trustee and Administration of the Plan

The Gates Industrial & Automotive Defined Benefit Master Retirement Trust (the “Trust”) Agreement governs the assets of the Plan from the Company. The Plan is the only participating plan in the Trust.

The Gates Retirement Board (the “Plan Administrator” or “Retirement Board”) is the administrator of the Plan. The Plan Administrator has full power, authority and responsibility to control and manage the operations and administration of the Plan. The Retirement Board determines the appropriateness of the Plan’s investments and monitors investment performance. The Northern Trust Company (“Northern Trust” or “Trustee”) was appointed by the Retirement Board as the trustee of the Plan.

The Plan also has investments with Principal Life Insurance Company (“Principal” or “Custodian”) through a guaranteed annuity contract, which is not held by the Trust.

The Gates Group Retirement Plan

Notes to Financial Statements

Multiple Plan Provisions

The Plan is an amalgamation of several benefit formulas and merged plans, all of which are closed to new plan members and summarized below:

- Document 1 covered members of the Denver Machining Center of the Company and was closed to new members effective July 1, 2008. Additionally, benefits were frozen for current plan members effective August 13, 2008 in accordance with negotiations with the collective bargaining members;
- Document 2 covers salaried and non-union members of the Company and was closed to new members in 1990. Effective September 30, 2009, Appendix J and K of Document 2 ceased benefit accruals, freezing final average pay and credited service. However, the Core Balance (as defined by the Plan document) in the Gates Matchmaker Plan will continue to be credited with investment income and the 3% Basic Contributions (as defined by the Plan document) and, in accordance with the terms of the Plan, continue to be applied as an offset to the benefit payable by the Plan;
- Document 3 provides benefits to certain collective bargaining unit members of the Company in accordance with good faith negotiations. Future service accruals for members of the Elizabethtown Polyflex location were frozen as of December 31, 2009 and all non-vested active members of this group were provided 100% vesting as of that date. Effective April 10, 2011, accruals for collectively bargained employees represented by Galesburg Local #685, United Steelworkers of America, under Document 3 are frozen pursuant to the collective bargaining agreement;
- Document 4 covers salaried and non-union members at certain locations of the Company and is closed to new members. Effective January 1, 1989 the provisions of Document 4 were merged into Document 2 (now referred to as Appendix K members);
- Document 5 is a closed and frozen benefit for the former employees of Camel Tire Care Products. The Pension Plan of Hourly Employees of Camel Tire Care Products was merged into the Plan on December 31, 2000;
- Document 6 is a closed and frozen benefit for the former employees of Schrader Automotive. The Schrader Inc. Employees' Pension Plan was merged into the Plan on December 31, 2000;
- Document 7, formerly known as the Stant Retirement Plan for Salaried Employees, was merged into the Plan effective January 1, 2002. Document 7 provides benefits to salaried and non-union hourly employees of Stant Corporation and Trico Corporation, companies, previously within the controlled group of businesses. Effective December 31, 2002, Document 7 was closed to new members. Effective September 30, 2009, Document 7 ceased benefit accruals, freezing final average pay and credited service. However, the Core Balance (as defined in the Plan document) in the Gates Matchmaker

The Gates Group Retirement Plan

Notes to Financial Statements

Plan (formerly in the Tomkins Automotive 401(k) Plan (f/k/a the Stant 401(k) Plan)), will continue to be credited with investment income and the 3% Basic Contributions (as defined by the Plan document) and, in accordance with the terms of the Plan, will continue to be applied as an offset to the benefit payable by the Plan;

- Document 8, formerly known as the Epicor Industries Inc. Hourly Employees Pension Plan (the “Epicor Plan”), was closed to new members effective March 1, 2003 and benefits were frozen effective February 28, 2003. The Epicor Plan was merged into the Plan on January 1, 2002;
- Document 9, formerly known as The Stant Cash Accumulation Retirement Plan (the “Stant Plan”), was established January 1, 2003. The Stant Plan covers salaried and non-union hourly employees at Stant Corporation and Trico Corporation. Effective September 30, 2009, Document 9 ceased benefit accruals with no further contribution credits. Interest credits will continue to be applied in accordance with the terms of Document 9;
- Document 10, formerly known as the Trico Hourly Pension Plan (the “Trico Plan”) effectively became frozen in 2004 following the closure of the facility in Buffalo, NY between June 2003 and March 2004 in which all plan members were employed. The Trico Plan was merged into the Plan on January 1, 2006;
- Document 11, formerly known as the FEDCO Automotive Components Company Bargaining Unit Pension Plan (the “FEDCO Plan”) was closed to new members effective December 28, 2002 and benefits were frozen after May 2003. There are no active employees within the FEDCO Plan and all plan members are either in pay status or have a deferred vested benefit. The FEDCO Plan was merged into the Plan on December 31, 2009.

Effective September 30, 2009, the Plan was amended to incorporate the following: (1) all plan participants actively employed as of September 30, 2009 are considered fully vested, unless a collective bargaining agreement specifies another date, and (2) active Plan members will continue to earn continuous service under the Plan for purposes of determining early retirement eligibility.

The corporate entities associated with Document 5 thru 11 are no longer part of the Gates Controlled Group. Gates Corporation is the single legal entity in Plan. The former entities have been sold prior to 2016 although the pension benefit obligations remain with Gates.

Effective January 1, 2012, the Plan document was amended and restated for the following: (1) to incorporate amendments adopted since the last restatement and (2) to add a lump sum distribution option under each sub-document, effective April 1, 2012.

The Gates Group Retirement Plan

Notes to Financial Statements

Effective, January 1, 2016, the Plan document was amended and restated for the following: (1) to incorporate amendments adopted since the last restatement and (2) to reflect the legal requirements contained in the 2015 Cumulative List of Changes in Plan Qualification Requirements as issued by the Internal Revenue Service (the “IRS”) in Notice 2015-84.

Effective August 1, 2017, the Plan was amended to include an automatic distribution feature for terminated participants who have not elected a form of distribution, described as follows:

- (1) If the present value of the participants pension determined as of his or her annuity starting date does not exceed \$1,000, such present value will be distributed to the participant as soon as reasonably possible following the participant’s termination of employment, without consent of the participant or participant’s spouse, in a lump sum payment of equivalent actuarial value, and
- (2) If the present value of the participant’s pension determined as of his or her annuity starting date exceeds \$1,000 but does not exceed \$5,000, the Plan Administrator will direct that such amount be paid, in the name of the participant, to an individual retirement account designed by the Plan Administrator.

Prior Group Annuity Purchase

During 2017, the Plan entered into a group annuity purchase contract with an insurance company. On September 28, 2017 the Plan paid the insurance company approximately \$152,000,000 for the purchase of annuities for 4,267 plan participants. Upon execution of the contract, the insurance company assumed the liability, and guarantees the future benefits for these former participants. The assets and accumulated plan benefit obligations related to this allocated contract are excluded from the Plan’s net assets and accumulated plan benefit obligations.

Eligibility

Each employee, as described above, was eligible to enter the Plan upon meeting the eligibility requirements as specified in each of the individual underlying sub-documents noted above. All benefit formulas in the Plan are closed: therefore, there were no newly eligible plan members during the years ended December 31, 2019 or 2018.

Pension Benefits and Vesting

Beginning in 1985, the Plan was amended into a “floor offset” arrangement so that, where applicable, the pension benefits otherwise payable under the terms of the Plan is offset by an amount of equivalent actuarial value of the member’s hypothetical account balance under the separate terms of The Gates Matchmaker Plan (a defined contribution plan sponsored by the Company). Some of the benefit formulas are a target benefit formula. Monthly benefits and forms of benefits available depend on the location of employment. Certain early retirement options and death benefits are also available.

The Gates Group Retirement Plan

Notes to Financial Statements

Information about the Plan document, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation's ("PBGC's") benefit guarantee is contained in separate summary plan descriptions ("SPDs") for each group of covered employees and former employees. Copies of these SPDs are available from the Company.

Forfeitures

Non-vested amounts attributable to terminated participants that have been forfeited shall be used to reduce the contributions due from the Company.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires plan management to make estimates and assumptions that affect the accompanying reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates and such differences could be material.

Investment Valuation and Income Recognition

The Retirement Board adheres to the Gates Industrial and Automotive Defined Benefit Trust Statement of Investment Policy (the "Investment Policy"), which is periodically reviewed and updated. Investments are managed under agreements by which the investment managers have been given the authority to make individual investment decisions within the guidelines stated in the Investment Policy.

The Plan's investments are reported at fair value. 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. The Retirement Board determines the Plan's valuation policies utilizing information provided by its investment advisors, Trustee and Custodian. As of December 31, 2019 and 2018 all assets were held in the Trust or held by the Custodian. The Plan is the 100% beneficial owner of the Trust. See Note 6, *Fair Value Measurements and Disclosures*, for a discussion of fair value measurements.

The unallocated insurance contract held by Principal is shown at fair value as determined and certified by Principal based on the contractual agreement and includes consideration of contractual interest rates, current interest rates and duration of the contract.

The Gates Group Retirement Plan

Notes to Financial Statements

Interest and dividend income (including capital gain distributions) is recorded when earned or on the ex-dividend date, respectively. Net appreciation (depreciation) in the fair value of investments represents the realized and unrealized gains and losses on the investments. Purchases and sales are recorded on a trade-date basis.

Minimum Balance Requirements on Insurance Company Investments

The Trust invests in insurance company pooled separate accounts and insurance company general accounts pursuant to certain guaranteed annuity contracts with various insurance companies. These contracts contain certain minimum balance requirements and certain restrictions on termination of the contracts. The minimum balance requirement was met as of December 31, 2019 and 2018.

Administrative Expenses and Investment Management Fees

The Plan's operating, investment, and administrative expenses are generally paid as provided for in the Plan document. Expenses for trustee, investment management, actuarial, auditing, and legal fees are charged to the Plan. Other administrative functions are performed by employees of the Company or its subsidiaries at no cost to the Plan. All other costs not paid by the Plan are paid by the Company and are excluded from these financial statements.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

3. FUNDING POLICY

The Company's policy is to make contributions to meet the minimum funding requirements under Internal Revenue Code ("IRC") 412. The Company was not required to make any cash contributions to meet the minimum funding requirement for the 2019 or 2018 plan years, as the Company used their funding surplus to satisfy such minimum contributions.

4. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to employees or their beneficiaries upon retirement, death, disability, or termination. Benefits payable under all circumstances noted above are included in the computation of the actuarial present value of accumulated plan benefits to the extent they are deemed attributable to employee service rendered to the various freeze dates or the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of benefit payments (by means of decrements such as for death, disability,

The Gates Group Retirement Plan

Notes to Financial Statements

withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of any Plan amendments on accumulated plan benefits is recognized during the year in which such amendments were adopted.

The significant assumptions used in the actuarial valuation as of December 31, 2018 are as follows:

Retirement age	In general age 65, however, rates vary by age and groups.
Mortality	<i>Non-annuitants:</i> RP-2014 “Employees” sex-distinct tables without collar adjustments, adjusted for Scale MP-2018, projected forward generationally with Scale MP-2018 <i>Annuitants:</i> RP-2014 “Healthy Annuitants” sex-distinct tables without collar adjustments, adjusted for Scale MP-2018, projected forward generationally with Scale MP-2018
Form of payment	50% of participants are assumed to elect the normal form of payment and 50% of participants are assumed to elect the lump sum option. For single lump sum or annuity, based on groups.
Lump sum conversion factor	As required by IRC 430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described for the discount rate.
Discount rate	6.625% per annum, compounded annually. The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as determined by the actuary as of December 31, 2018 is as follows:

Vested benefits:	
Participants currently receiving benefits	\$ 169,424,042
Other vested benefits	38,585,060
Total vested benefits	208,009,102
Nonvested benefits	244,566
Total actuarial present value of accumulated plan benefits	\$ 208,253,668

The Gates Group Retirement Plan

Notes to Financial Statements

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2018 are as follows:

Actuarial present value of accumulated plan benefits – December 31, 2017	\$ 277,394,191
Increase (decrease) during the year attributed to:	
Benefits accumulated	(677,733)
Actuarial losses	1,994,125
Decrease in discount period	9,531,558
Benefits paid ^(a)	(27,553,849)
Assumption changes ^(b)	(52,434,624)
Net decrease	(69,140,523)
Actuarial present value of accumulated plan benefits – December 31, 2018	\$ 208,253,668

(a) Amount does not include re-deposits into the Plan or reimbursements from MetLife.

(b) The assumed discount rate was updated from 3.325% to 6.625% and the mortality scale was updated from MP-2017 to MP-2018.

5. INFORMATION CERTIFIED BY THE TRUSTEE AND CUSTODIAN

The Plan administrator 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, the Trustee and Custodian have certified the following information included in the accompanying financial statements and supplemental schedules as complete and accurate:

- Cash, investments, pending trades and accrued interest receivables as shown in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018;
- Net appreciation (depreciation) in fair value of investments and interest income from investments, as shown in the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2019 and 2018;
- Investment information included in Notes to Financial Statements;
- Investment information included in the accompanying supplemental schedules as of and for the year ended December 31, 2019.

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

The Gates Group Retirement Plan

Notes to Financial Statements

6. FAIR VALUE MEASUREMENTS AND DISCLOSURES

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs are the highest priority and consist of unadjusted quoted prices in active markets the Plan has the ability to access for identical assets and liabilities. Level 2 inputs are inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly (quoted prices in active markets for similar assets and liabilities, quoted prices for identical or similar instruments in markets that are not active and model-derived valuations whose inputs are observable or whose significant value drivers are observable). Level 3 inputs are the lowest priority and are unobservable and significant to the fair value measurement of an asset or liability.

The asset or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for investments measured at fair value. There were no changes in the methodologies used at December 31, 2019 and 2018:

Insurance Company Pooled Separate Accounts (PSAs): PSAs are valued at net asset value (“NAV”) as determined by the PSA’s designated accountants without further adjustment. Agreements with the insurance company can include provisions containing certain minimum balance requirements. NAV is calculated based on the fair value of the underlying investments, which are generally traded in an active market; however, there is a lack of transparency in pricing. NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the Plan will sell the investment for an amount different from the reported NAV. In determining the reasonableness of the methodology, the Retirement Board evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings of the insurance company.

Common/Collective Trust (CCT): The common collective trusts are valued based on the Plan’s interest in the funds at NAV reported by the fund managers as of the financial statement date and recent transaction prices. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Fair values for the investments within these funds are based on quoted prices in active markets and securities valued using either observable inputs or quotations from inactive markets.

The Gates Group Retirement Plan

Notes to Financial Statements

Insurance Company General Accounts and Unallocated Insurance Contract: These investments are valued at fair value based on the contractual agreement between the Plan and the insurance company and typically include consideration of contractual interest rates, current interest rates, duration of the contract and credit-worthiness of the contract holder. There can be restrictions on the sale of such investments based on the terms of the contract. In determining the reasonableness of the methodology, the Retirement Board evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no transfers between levels for the year ended December 31, 2019.

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

<i>As of December 31, 2019</i>	Level 1	Level 2	Level 3	Total
Insurance company general accounts	\$ -	\$ -	\$ 8,973	\$ 8,973
Unallocated insurance contracts	-	-	4,414,005	4,414,005
Total assets in the fair value hierarchy	\$ -	\$ -	\$ 4,422,978	\$ 4,422,978
Investments measured at net asset value ⁽¹⁾				212,256,355
Total investments at fair value				\$ 216,679,333

<i>As of December 31, 2018</i>	Level 1	Level 2	Level 3	Total
Insurance company general accounts	\$ -	\$ -	\$ 8,779	\$ 8,779
Unallocated insurance contracts	-	-	4,041,654	4,041,654
Total assets in the fair value hierarchy	\$ -	\$ -	\$ 4,050,433	\$ 4,050,433
Investments measured at net asset value ⁽¹⁾				202,120,923
Total investments at fair value				\$ 206,171,356

(1) In accordance with Subtopic 820-10, certain investments that were measured at NAV value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The Gates Group Retirement Plan

Notes to Financial Statements

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 investments for the years ended December 31, 2019 and 2018:

	2019	
	Insurance Company General Accounts	Unallocated Insurance Contracts
Fair value, beginning of year	\$ 8,779	\$ 4,041,654
Interest earned	194	129,817
Realized gains ⁽¹⁾	-	-
Unrealized gains (losses), relating to investments still held as of the reporting date ⁽¹⁾	-	274,775
Purchases	-	-
Sales	-	-
Transfer from separate account	144,961	-
Settlements	(144,961)	(32,241)
Fair value, end of year	\$ 8,973	\$ 4,414,005

	2018	
	Insurance Company General Accounts	Unallocated Insurance Contracts
Fair value, beginning of year	\$ 8,621	\$ 4,107,086
Interest earned	158	123,294
Realized gains ⁽¹⁾	-	-
Unrealized gains (losses), relating to investments still held as of the reporting date ⁽¹⁾	-	(149,695)
Purchases	-	-
Sales	-	-
Transfer from separate account	125,734	-
Settlements	(125,734)	(39,031)
Fair value, end of year	\$ 8,779	\$ 4,041,654

(1) Included in net (depreciation) appreciation in fair value of investments on the Statements of Changes in Net Assets Available for Benefits.

The Gates Group Retirement Plan

Notes to Financial Statements

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following tables represent the Plan's significant Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments at December 31, 2019 and 2018, and the significant unobservable inputs and the range of values for those inputs:

As of December 31, 2019

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of significant input values
Principal Unallocated Insurance Contract	\$ 4,414,005	Discounted Cash Flows	Discount Rates Durations	1.82% - 5.13% .5 – 30 years

As of December 31, 2018

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of significant input values
Principal Unallocated Insurance Contract	\$ 4,041,654	Discounted Cash Flows	Discount Rates Durations	1.82% - 5.13% .5 – 30 years

Fair Value of Investments that Calculate Net Asset Value as a Practical Expedient

The following tables summarize investments measured at fair value based on NAV per share held in the Trust as of December 31, 2019 and 2018:

Instrument	2019 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Insurance Company PSA ⁽¹⁾	\$ 1,834,131	None	Daily	1 day
Common/Collective Trusts ⁽²⁾	\$ 210,422,224	None	Daily	1 day

As of December 31, 2018

Instrument	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Insurance Company PSA ⁽¹⁾	\$ 1,825,816	None	Daily	1 day
Common/Collective Trusts ⁽²⁾	\$ 200,295,107	None	Daily	1 day

- (1) *The following represents investments in the MetLife Separate Account, a pooled separate account. The investment utilizes Barclays Capital Aggregate Bond as an investment strategy benchmark.*
- (2) *The investment strategy for the Northern Trust Company Collective Short-Term Investment Fund, which is a common collective trust, is to maintain a \$1 unit value.*

Other common/collective trusts held by the Plan are Direct Filing Entities with the Department of Labor.

The Gates Group Retirement Plan

Notes to Financial Statements

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right, under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the assets of the Plan will be allocated to Plan participants and beneficiaries in accordance with applicable provisions of ERISA and the Plan document. Should unfunded vested benefits exist, such benefits will be provided up to specified limitations as described in ERISA and by the PBGC.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

Additional information regarding the priority of participants' claims to the assets of the Plan upon termination and benefits guaranteed by the PBGC is available from the Plan Administrator.

8. INCOME TAX STATUS

The Plan was amended and restated effective January 1, 2016 and the IRS has determined and informed the Company by a letter dated August 7, 2017, that the Plan is designed in accordance with applicable sections of the IRC. The Plan Administrator and the Company believe that the Plan, as amended, is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified and the related trust is tax exempt, thus, no provision for income taxes is included in the accompanying financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS audits for any tax periods in progress.

The Gates Group Retirement Plan

Notes to Financial Statements

9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities, in general, are subject to various risks, such as interest rate, credit and overall market volatility risk. Additionally, the value, liquidity and related income of the investment securities are sensitive to changes in the economic conditions and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Certain investments (such as the insurance company pooled separate accounts and unallocated insurance contracts) may be less liquid and include restrictions on their sale. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of such investment securities, it is possible that changes in the value of investment securities could occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the funded status of the Plan. See Note 12, *Subsequent Events*, for discussion regarding 2020 market volatility.

Plan contributions are determined and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is possible that changes in these estimates and assumptions in the near term could impact the amounts reported in the financial statements and accompanying notes and could be material to the Plan's financial statements.

The Pension Protection Act of 2006, as amended by the Worker, Retiree and Employer Recovery Act of 2008, imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage ("AFTAP"). The 2018 AFTAP for the Plan is 94.57%. Because the Plan's AFTAP equals or exceeds 80.00%, the Plan is not subject to any benefit restrictions.

In May 2018, the Company was notified by the Department of Labor that the Plan was selected for examination of the period from January 1, 2015 to the present. Management received a closing letter, dated June 28, 2019. There were no matters from the closing letter that materially impact the Plan's financial statements, footnotes, or supplemental schedules; therefore, the accompanying financial statements and supplemental schedules do not include any adjustments or disclosures as a result from this examination.

10. RELATED PARTY AND EXEMPT PARTY-IN-INTEREST TRANSACTIONS

A short-term investment fund, which is included in the investments within the Trust, is managed by Northern Trust, the Trustee. Three of the Plan's CCT's are managed by Willis Towers Watson, the Investment Advisor. Certain expenses related to audit, custody, asset management and actuarial services are paid from Plan assets. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

The Gates Group Retirement Plan

Notes to Financial Statements

11. GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

Effective January 1, 2006, the Trico Plan was merged into this Plan. In addition to their investment in the Plan, the Trico Plan also held an investment with Principal. The Company entered into an immediate participation guarantee Group Annuity Contract (“GAC”) with Principal, which is an unallocated insurance contract. The contract balance as of December 31, 2019 and 2018 of \$4,189,338 and \$4,091,762, respectively, consists of amounts held in Principal’s general account and is shown on the Statements of Net Assets Available for Benefits at fair value of \$4,414,005 and \$4,041,654, respectively. The contract balance must be maintained at a level sufficient to meet the contract liability or General Asset Floor (“GAF”). The GAF is the present value of the amount required to purchase annuities for benefits remaining unpaid to participants or beneficiaries. The Plan met the GAF as of December 31, 2019 and 2018.

12. SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through September 30, 2020, which is the date the financial statements were available to be issued. No events or transactions discovered during this evaluation require recognition or disclosure in the financial statements, other than those noted below.

Effective January 2, 2020, the trustee was transitioned from Northern Trust to Bank of New York Mellon.

The COVID-19 outbreak was declared a worldwide pandemic on March 11, 2020 by the World Health Organization (“WHO”). The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and contributed to deterioration and instability in financial markets. The COVID-19 pandemic has affected, and may continue to affect, the Plan’s investments. The extent of the impact of the COVID-19 pandemic on the Plan will depend on future developments which are highly uncertain and cannot be predicted. The Company (“Plan Sponsor”) has experienced a decrease in operations in 2020 due to the COVID-19 pandemic. As of the date the financial statements were available to be issued, all required contributions have been funded to the Plan.

The value of the Plan’s investments has a direct impact on its funded status. As a result of such changes in market value and possible changes to the actuarial assumptions used in determining the present value of accumulated plan benefits, the Plan Sponsor may need to make greater cash contributions to fund the Plan. Based on the Plan’s funded percentage, there may be certain benefit limitations imposed. However, the actual impact, if any, on future required contributions, Plan liquidity and benefit limitations cannot be determined at this time.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) was passed into law. The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management chose not to delay the required minimum contribution for the Plan year ended December 31, 2019 as allowed under the provisions of the CARES Act.

The Gates Group Retirement Plan

Notes to Financial Statements

Effective July 1, 2020 the Plan was amended to offer a bulk lump sum window for participants to begin receiving their Plan benefits. Beginning October 1, 2020, participants have 6 weeks to elect to receive their Plan benefits, whether or not their Plan benefit has commenced. Participants may elect all types of benefits under the Plan and payments will begin on December 1, 2020.

The Gates Group Retirement Plan

Form 5500, Schedule H, Part IV, Line 4i Schedule of Assets (Held at End of Year)

EIN #: 84-0857401

Plan Number: 333

As of December 31, 2019

(a)	(b)	(b)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Number of Shares	Cost	Current Value
Insurance company general accounts				
* GAC METLIFE CONT. #163 RT	INSURANCE GENERAL ACCOUNT	8,973.00	\$ 8,973	\$ 8,973
Unallocated insurance contracts				
* PRINCIPALE LIFE INSURANCE COMPANY	PRINCIPALE LIFE INSURANCE COMPANY - CREDITING INTEREST RATE OF 2.91% AT DECEMBER 31, 2019	4,189,338.00	4,189,338	4,414,005
Pooled separate accounts				
METLIFE	POOLED SEPARATE ACCOUNT	9,212.57	1,841,576	1,834,131
Common collective trusts				
BLACKROCK	BLACKROCK TREAS US 15 YR KEY RATE DUR NL FD A	321,107.74	3,721,584	5,749,194
BLACKROCK	BLACKROCK TREAS US 5 YR KEY RATE DUR NL FD A	442,338.76	3,879,101	5,084,999
BLACKROCK	BLACKROCK TSY U.S. 20 YR KEY RATE DURNL FD	118,591.83	1,310,650	1,979,985
BLACKROCK	BLACKROCK TSY US10 YR KEY RATE DUR NLFD A	522,642.94	4,960,363	7,493,031
INCOME RESEARCH & MANAGEMENT	IR+M INTERMEDIATE CORPORATE COLLECTIVE FUND	887,301.71	9,057,361	10,057,771
STATE STREET GLOBAL ADVISORS	SSGA INTERMEDIATE CREDIT US GOVERNMENT INDEX FUND	362,978.15	9,143,790	9,674,457
* WILLIS TOWERS WATSON	WTWG TRUST DIVERSIFIED CREDIT FUND	2,917,153.70	29,400,831	31,728,422
* WILLIS TOWERS WATSON	WTWG TRUST LONGCREDIT FUND	782,044.61	7,760,221	9,472,750
* WILLIS TOWERS WATSON	WTWG TRUST SUBS REDS CLEAR DEF	5,207,166.16	51,536,134	56,818,514
* NORTHERN TRUST	COLTV SHORT TERM INVT FD	4,578,660.35	4,578,660	4,578,660
STATE STREET GLOBAL ADVISORS	SSGA LONG US GOVERNMENT INDEX FUND	687,907.00	27,932,964	32,923,917
HEITMAN GLOBAL	PRIME COLLECTIVE INVESTMENT TRUST CLASS 2	1,520,829.84	15,164,194	17,088,500
LEGAL & GENERAL AMERICA	LEGAL & GENERAL GLOBAL CORE INFRASTRUCTURE CIT	129,684.93	14,009,863	17,772,024
Total Investments, at fair value			\$ 216,679,333	

*Represents a party-in-interest as defined by ERISA.

See accompanying independent auditor's report and notes to financial statements

The Gates Group Retirement Plan

Form 5500, Schedule H, Part IV, Line 4i Schedule of Assets (Acquired and Disposed of within the Plan Year)

EIN #: 84-0857401

Plan Number: 333

For the Year Ended December 31, 2019

Asset ID	Security Description	Transaction Type	Shares/ Par Value	Cost of Acquisitions	Proceeds of Dispositions
*C999501AX7	GAC METLIFE CONT.#163 RT. NIAMAT NIA	Acquisition	145,154.49	(145,154)	
		Disposition	(144,960.96)		144,961

*Represents a party-in-interest as defined by ERISA.

See accompanying independent auditor's report and notes to financial statements

The Gates Group Retirement Plan

Form 5500, Schedule H, Part IV, Line 4j Schedule of Reportable Transactions

EIN #: 84-0857401

Plan Number: 333

For the year ended December 31, 2019

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Type of Transaction	Number of Transactins	Acquisition (Disposition) Price	Expense Incurred	Cost of Asset	Current Value of Assets on Transaction
*WILLIS TOWERS WATSON GROUP TRUST LONG CREDIT FUND CUSIP: 5K5999Y51	Total dispositions	3	(13,500,000)	-	12,936,539	13,500,000
*WILLIS TOWERS WATSON GT SUBS REDS CLEAR DEF CUSIP: 2R2999T58	Total acquisitions	1	3,500,000	-	3,500,000	3,500,000
*WILLIS TOWERS WATSON GT SUBS REDS CLEAR DEF CUSIP: 2R2999T58	Total dispositions	3	(10,300,000)	-	10,563,866	10,300,000
*COLTV SHORT TERM INVT FD CUSIP: 195998A10	Total acquisitions	34	34,236,674	-	34,236,674	34,236,674
*COLTV SHORT TERM INVT FD CUSIP: 195998A10	Total dispositions	70	(31,562,708)	-	31,562,708	31,562,708
SSGA LONG US GOVERNMENT INDEX FUND CUSIP: 3L5999T57	Total acquisitions	1	9,000,000	-	9,000,000	9,000,000
SSGA LONG US GOVERNMENT INDEX FUND CUSIP: 3L5999T57	Total dispositions	3	(2,503,474)	-	2,067,036	2,503,474

*Represents a party-in-interest as defined by ERISA.

See accompanying independent auditor's report and notes to financial statements

SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service ¹									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0
40-44	0	2	0	4	1	0	0	0	0	0
45-49	0	0	3	8	4	3	0	0	0	0
50-54	0	1	0	4	5	37	3	0	0	0
55-59	0	1	3	3	5	67	56	10	0	0
60-64	0	0	0	2	4	31	34	37	6	0
65-69	0	0	0	1	0	3	7	8	3	1
70 & over	0	0	0	0	0	0	2	0	2	0

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

Plan Name: The Gates Group Retirement Plan
 EIN / PN: 84-0857401/333
 Plan Sponsor: Gates Corporation
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis Segment Rates from 4th Month Preceding Valuation Date

Interest rates

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	3.74%	2.28%
■ Second segment rate	5.35%	3.81%
■ Third segment rate	6.11%	4.46%
■ Effective interest rate	5.35%	3.85%

Compensation increases

Annual compensation increases are assumed to occur according to the following:

Attained Age	Annual Increase at Attained Age
20	11.68%
25	9.15%
30	7.60%
35	6.69%
40	5.86%
45	5.37%
50	5.12%
55	4.91%
60	4.70%

**Gates matchmaker plan account
balance investment return** 3.00%

**Gates matchmaker plan account
balance conversion basis
(document number 3 only)** PBGC deferred interest rate structure (5.00%, 4.25%, 4.00%) and the 1983 Group Annuity Mortality Table, male rates

Plan-related expenses \$2,569,940

Plan Name: The Gates Group Retirement Plan
EIN / PN: 84-0857401/333
Plan Sponsor: Gates Corporation
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Lump sum conversion factor	Lump sums were valued using the substitution of annuity form under Proposed IRC §1.430(d)-1(f)(4) without application of generational mortality and without recognition of the phase-in of IRC §417(e)(3) assumptions.
Future increases in maximum benefits and plan compensation limitations	Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
-----------------------	--

New or rehired employees	It was assumed there will be no new or rehired employees.
---------------------------------	---

Mortality

- **Healthy**
Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017).
- **Disabled**
For funding purposes the same mortality tables as those used for healthy lives.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Termination

Rates varying by age

Percentage leaving during the year	
Attained Age	
20	20.00%
25	20.00%
30	20.00%
35	20.00%
40	10.00%
45	6.25%
50	5.00%
55	2.00%
60	2.00%
65 and over	1.00%

Disability

Disabilities are assumed to occur according to the following:

Attained Age	Annual Rate Per 1,000 Participants
25	0.60
30	0.75
35	0.97
40	1.28
45	1.87
50	3.15
55	5.70
60	9.50
65	18.00

Plan Name: The Gates Group Retirement Plan
EIN / PN: 84-0857401/333
Plan Sponsor: Gates Corporation
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Retirement

Retirements are assumed to occur according to the following:

Attained Age	Participants Eligible for Unreduced Retirement	Participants Eligible for Reduced Retirement
50	6.00%	n/a
51	6.00%	n/a
52	6.00%	n/a
53	6.00%	n/a
54	6.00%	n/a
55	6.00%	11.00%
56	10.00%	11.00%
57	10.00%	6.00%
58	10.00%	6.00%
59	10.00%	6.00%
60	10.00%	6.00%
61	10.00%	15.00%
62	25.00%	20.00%
63	20.00%	30.00%
64	20.00%	30.00%
65	30.00%	30.00%
66	40.00%	40.00%
67	40.00%	40.00%
68	40.00%	40.00%
69	40.00%	40.00%
70	100.00%	100.00%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 65
- Deferred vested benefit Age 65 or current age if later. If participant is past age 65, 50% of participants between the ages of 65 and 70 are assumed to claim their benefit, and 25% of participants greater than the age of 70 are assumed to claim their benefit.
- Disability benefit Upon disablement

Plan Name: The Gates Group Retirement Plan
EIN / PN: 84-0857401/333
Plan Sponsor: Gates Corporation
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

- Retirement benefit Active participants under Plan documents 1, 2 and 3 who have reached a minimum age of 55 years and a minimum service of 10 years or a minimum age of 50 years and a minimum service of 30 years are assumed to commence payment on the first of the month coincident or next following termination of employment. Otherwise they are assumed to commence payment on the first of the month coincident or next following the attainment of age 70.

Form of payment

For Document Numbers 1, 2, and 3, 50% of participants are assumed to elect the normal form of payment and 50% of participants are assumed to elect the lump sum option. For single participants, the normal form of payment is the life annuity with an immediate 5-year guaranteed period. For married participants, the normal form of payment is the 50% joint and survivor annuity.

For Document Numbers 5, 6, 8, 10, and 11, 50% of deferred vested participants are assumed to elect a straight-life annuity, while the other 50% are assumed to elect a lump sum.

For Document Number 7, 50% of deferred vested participants are assumed to elect a straight-life annuity with 5 years guaranteed, while the other 50% are assumed to elect a lump sum.

For Document Number 9, participants are assumed to elect a lump sum benefit rather than one of the monthly annuity payment options.

Terminated vested participants that are over the age of 65 are assumed to choose the actuarial increase from Normal Retirement Date to commencement option over the retroactive annuity starting date option.

Plan compensation

Plan compensation is eligible earnings provided by the employer for the prior year adjusted by the compensation increase rate (used for the Gates Matchmaker Plan Offset).

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Percent married 80% of participants. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

Spouse age Male spouses are assumed to be three years older than female spouses.

Methods

Valuation date First day of plan year.

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Actuarial value of assets Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 3.625% in the prior year, and 4.000% in the second prior year (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that

Plan Name: The Gates Group Retirement Plan
EIN / PN: 84-0857401/333
Plan Sponsor: Gates Corporation
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Gates matchmaker plan hypothetical account balance investment return	The plan credits interest to the Gates Matchmaker Plan Account Balance using actual investment return under the Gates Stable Value Fund of the Gates Matchmaker Plan. Our long term estimate of actual investment return under the Gates Stable Value Fund of the Gates Matchmaker Plan is 3.00%, based on a combination of current conditions, and future economic expectations.
Gates matchmaker plan hypothetical account balance conversion basis	For Document Number 3, the Gates Matchmaker Plan Offset is determined by converting the Gates Matchmaker Plan Hypothetical Account Balance to an annuity using the 1983 Group Annuity Mortality Table for males and the interest rate which shall be the greater of the PBGC deferred interest rate structure (5.00%, 4.25%, 4.00%) or the deferred interest rate structure published by the PBGC as of the last business day of the second month preceding the last day worked or the last

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

day included in the member's Credited Service, whichever is later.

The assumed annuity conversion rate is a long term estimate of the plan's conversion basis; we believe that the selected assumption does not significantly conflict with what would be reasonable.

Lump sum conversion factor

As required by IRC 430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.

Plan-related expenses

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

Assumed return for asset smoothing

The assumed return of 6.625% used for asset smoothing is the expected return on assets assumption chosen by the client for the 2019 plan year under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality

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

Disabled mortality

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

Termination

Termination rates were based on an experience study conducted in 2012, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Disability

Disability rates were based on an experience study conducted in 2012, with annual consideration of whether any conditions

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

have changed that would be expected to produce different results in the future.

Retirement

Retirement rates were based on an experience study conducted in 2018 with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Benefit commencement for deferred benefits

Deferred vested participants are assumed to begin benefits based on plan sponsor expectations for the future, with periodic monitoring of gains and losses caused by commencement patterns different than assumed.

The percentage of terminated vested participants over the age of 65 that are assumed to claim their benefits is based on plan sponsor experience and expectations for the future.

Form of payment

Assumed optional form elections are based on the best estimate of future experience.

Percent married

The percentage married assumption is based on expectations for the future.

Spouse age

The spousal age difference assumption is based on expectations for the future.

Source of Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Change in assumptions since prior valuation

Other than the prescribed changes in discount rate and mortality, no changes have occurred for IRC §430 and §436 purposes.

Change in methods since prior valuation

The decrement timing used in the valuation was changed from beginning of year to rounded middle of year. This change received approval in the class ruling issued to Willis Towers Watson on March 18, 2019.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

The Gates Group Retirement Plan

Form 5500, Schedule H, Part IV, Line 4j Schedule of Reportable Transactions

EIN #: 84-0857401

Plan Number: 333

For the year ended December 31, 2019

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Type of Transaction	Number of Transactins	Acquisition (Disposition) Price	Expense Incurred	Cost of Asset	Current Value of Assets on Transaction
*WILLIS TOWERS WATSON GROUP TRUST LONG CREDIT FUND CUSIP: 5K5999Y51	Total dispositions	3	(13,500,000)	-	12,936,539	13,500,000
*WILLIS TOWERS WATSON GT SUBS REDS CLEAR DEF CUSIP: 2R2999T58	Total acquisitions	1	3,500,000	-	3,500,000	3,500,000
*WILLIS TOWERS WATSON GT SUBS REDS CLEAR DEF CUSIP: 2R2999T58	Total dispositions	3	(10,300,000)	-	10,563,866	10,300,000
*COLTV SHORT TERM INVT FD CUSIP: 195998A10	Total acquisitions	34	34,236,674	-	34,236,674	34,236,674
*COLTV SHORT TERM INVT FD CUSIP: 195998A10	Total dispositions	70	(31,562,708)	-	31,562,708	31,562,708
SSGA LONG US GOVERNMENT INDEX FUND CUSIP: 3L5999T57	Total acquisitions	1	9,000,000	-	9,000,000	9,000,000
SSGA LONG US GOVERNMENT INDEX FUND CUSIP: 3L5999T57	Total dispositions	3	(2,503,474)	-	2,067,036	2,503,474

*Represents a party-in-interest as defined by ERISA.

See accompanying independent auditor's report and notes to financial statements

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

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan The Gates Group Retirement Plan	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Gates Corporation	D Employer Identification Number (EIN) 84-0857401
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value.....	2a 206,272,826
b Actuarial value	2b 216,330,360
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 1,322 (2) Vested Funding Target 186,604,613 (3) Total Funding Target 186,604,613
b For terminated vested participants	976 29,361,441 29,361,441
c For active participants	361 10,177,961 10,447,827
d Total	2,659 226,144,015 226,413,881
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 5.35%
6 Target normal cost	6 2,569,940

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

SIGN HERE	Thomas M. Gieck <i>TMG</i>	01/20/2021
	Signature of actuary	Date
Thomas M. Gieck	Type or print name of actuary	2007245
Willis Towers Watson US LLC	Firm name	Most recent enrollment number
		303-391-1200
555 17th Street		Telephone number (including area code)
Suite 2050		
Denver CO 80202	Address of the firm	

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

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

Schedule SB (Form 5500) 2019
v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	19,678,087	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1,899,232	0
9 Amount remaining (line 7 minus line 8).....	17,778,855	0
10 Interest on line 9 using prior year's actual return of <u>-6.71%</u>	-1,192,961	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.53%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	6,864,037	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	9,721,857	0

Part III Funding Percentages

14 Funding target attainment percentage	14	91.25%
15 Adjusted funding target attainment percentage.....	15	94.57%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.48%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/04/2021	1,000,000	0			
Totals ▶			18(b)	1,000,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	900,311

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) **21b** 4**22** Weighted average retirement age **22** 63**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 2,569,940**b** Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		19,805,378	3,218,131
b Waiver amortization installment.....		0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 5,788,071

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	5,788,071	0	5,788,071

36 Additional cash requirement (line 34 minus line 35)..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 900,311

38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	900,311
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	900,311

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

The Gates Group Retirement Plan

Form 5500, Schedule H, Part IV, Line 4i Schedule of Assets (Acquired and Disposed of within the Plan Year)

EIN #: 84-0857401

For the Year Ended December 31, 2019

Plan Number: 333

Asset ID	Security Description	Transaction Type	Shares/ Par Value	Cost of Acquisitions	Proceeds of Dispositions
*C999501AX7	GAC METLIFE CONT.#163 RT. NIAMAT NIA	Acquisition	145,154.49	(145,154)	
		Disposition	(144,960.96)		144,961

*Represents a party-in-interest as defined by ERISA.

See accompanying independent auditor's report and notes to financial statements

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Gates Corporation
EIN/PN	84-0857401/333
Plan Name	The Gates Group Retirement Plan
Valuation Date	January 1, 2019
Enrolled Actuary	Thomas M. Gieck
Enrollment Number	20-07245

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

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

This 2019 plan year Schedule SB has been revised to reflect additional 2019 plan year contributions. The provisions of the Coronavirus Aid, Relief, and Economic Security (CARES) Act that was signed into law in March 2020 allowed plan sponsors to delay contributions with due dates in 2020 to a date later than the filing due date for the 2019 Form 5500. In Notice 2020-61 Q-8 the IRS instructed plan sponsors to complete an amended filing when the delayed contribution(s) for the 2019 plan year were eventually deposited. This amended Schedule SB filing includes the additional contribution(s) and shows no unmet minimum required contribution on line 39.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

STATEMENT OF AMENDMENT - 2019 FORM 5500
ADDITIONAL 2019 CONTRIBUTION
UNDER
CARES ACT 2020

GATE GROUP RETIREMENT PLAN
PLAN NUMBER 333

January 2021

CARES Act Contribution

Gates Corporation (the “Company”) sponsors the Gates Group Retirement Plan (the “Plan”).

The Company is amending the 2019 Form 5500 filing to reflect an end of the year contribution to the Plan for the 2019 plan year under the 2020 CARES Act.

On January 4, 2021 the Company made a \$1,000,000 USD contribution to the Plan for the 2019 plan year requiring the Company to amend and refile the Form 5500 – Schedule SB. No other changes were made in the filing.



On behalf of the Company

02/10/2021

Date

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Applies to Document Numbers 1, 2 and 3

Plan Sponsor

Gates Corporation

Effective Date

Restated effective January 1, 2016 and there are no subsequent amendments that affect the plan provisions.

Participation

Each eligible employee becomes a member after completion of one year of Continuous Service and attainment of age 21. Effective January 1, 1990, any new employee who is not a member of a collective bargaining unit that is eligible for participation in the plan is excluded from the plan. Effective December 31, 2009, all future new members are excluded from the plan.

Retirement Dates

Normal: The first day of the month following the attainment of age 65.

Early: The first day of the month following the attainment of age 55 and the completion of 10 years of Continuous Service or the completion of 30 years of Continuous Service.

Late: The first day of any month subsequent to the Normal Retirement Date.

Continuous Service

For full-time employees, service is credited using the elapsed time method. For part-time employees, service is credited for each year in which the employee works at least 1,000 hours, but always at least equal to Credited Service.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Credited Service

For full-time employees, service is credited using the elapsed time method. For part-time employees, service is credited for each year in which the employee works at least 2,080 hours, and partial years of service are credited on a prorated basis based on a total of 2,080 hours, rounded to the nearest twelfth of a year.

Credited Service was frozen as of August 14, 2008 for members in Document Number 1. Credited Service was frozen as of September 30, 2009 for members in Document Number 2 Appendix J and Appendix K. Credited Service was frozen as of December 31, 2009 for members of the Elizabethtown Polyflex location and April 10, 2011 for members of the Galesburg location in Document Number 3.

Eligible Earnings

For Document Number 2, Eligible Earnings are defined as total cash remuneration paid for services rendered to the Company, including regular pay, task incentive pay, vacation pay, sick leave pay, holiday pay, instructor's pay, funeral leave pay, military reserve training pay, commissions and annual bonuses. No Eligible Earnings after September 30, 2009 will be considered for Target Benefit calculation purposes.

Gates Matchmaker Plan Hypothetical Account Balance

For Document Numbers 2 and 3, the Gates Matchmaker Plan Hypothetical Account Balance as of December 31, 1988 with actual investment return plus the member's Company basic contributions made on and after January 1, 1989 increased with actual investment return between January 1, 1989 and June 30, 1996. Effective July 1, 1996, investment return will be equal to that of the Gates Stable Value Fund of the Gates Matchmaker Plan. The Company basic contribution is currently 3% of applicable earnings.

Gates Matchmaker Plan Offset

For Document Number 2, the Gates Matchmaker Plan Offset is determined by a factor based on age and years of Continuous Service applied to the Gates Matchmaker Plan Hypothetical Account Balance as described in the Plan document.

For Document Number 3, the Gates Matchmaker Plan Offset is determined by converting the Gates Matchmaker Plan Hypothetical Account Balance to an annuity using the 1983 Group Annuity Mortality Table for males and the interest rate which shall be the greater of the PBGC deferred interest rate structure (5.00%, 4.25%, 4.00%) or the deferred interest rate structure published by the PBGC as of the last business day of the second month preceding the last day worked or the last day included in the member's Credited Service, whichever is later.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Target Benefit

For the applicable formulas in Document Numbers 2 and 3, if the Target Benefit is greater than the Gates Matchmaker Plan Offset, the excess of the Target Benefit over the Offset is payable from the Plan.

Retirement Income

Normal

Document Number 1:

A monthly pension equal to \$33.00 multiplied by Credited Service as of August 14, 2008.

Document Number 2:

Appendix J

1 A Target Benefit equal to the greater of (a) or (b):

a The sum of (i), (ii) and (iii):

- i $1/12^{\text{th}}$ of 0.8% multiplied by the Average Eligible Earnings multiplied by Credited Service prior to January 1, 1999.
- ii $1/12^{\text{th}}$ of 0.5% multiplied by the Average Eligible Earnings in excess of \$25,000 multiplied by Credited Service prior to January 1, 1999.
- iii $1/12^{\text{th}}$ of 0.5% multiplied by the Average Eligible Earnings multiplied by Credited Service on and after January 1, 1999 and on and before September 30, 2009.

Average Eligible Earnings are determined to be the average Eligible Earnings during the 60 consecutive months of Continuous Service on and before September 30, 2009 which produce the highest average, limited to the applicable compensation limit, as indexed.

b \$28.50 multiplied by Credited Service on and before September 30, 2009.

2 The monthly benefit payable is calculated as the excess of the Target Benefit over the Gates Matchmaker Plan Offset with the excess, if any, subject to a minimum accrued benefit calculated as of December 31, 1993.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Appendix K

- 1 A Target Benefit equal to $1/12^{\text{th}}$ of 0.6% multiplied by Career Earnings.

Career Earnings are an employee's aggregate Eligible Earnings received from the Company on or after October 1, 1979 and on or before September 30, 2009.

- 2 The monthly benefit payable is calculated as the excess of the Target Benefit over the Gates Matchmaker Plan Offset with the excess, if any, subject to minimum accrued benefits calculated as of December 31, 1984 and as of December 31, 1993.

Document Number 3:

A Denver Print Shop

- 1 A Target Benefit equal to \$19.50 multiplied by Credited Service.
- 2 The monthly benefit payable is calculated as the excess of the Target Benefit over the Gates Matchmaker Plan Offset with the excess, if any subject to a minimum accrued benefit calculated as of March 31, 1989.

B Galesburg Local #685

Members may make a one-time election of either (1) or (2) below:

- 1 A monthly benefit equal to Credited Service as of April 10, 2011 multiplied by:

All amounts shown in US Dollars

In Service On or After	Monthly Rate
April 1, 2005	30.00
April 1, 2007	31.00
April 1, 2009	32.00

Members who elect this option will not be eligible to participate in the Gates Matchmaker Plan.

- 2 A monthly benefit equal to Credited Service frozen as of March 27, 1999 multiplied by \$24.00. Members who elect this option will be eligible to participate in the Gates Matchmaker Plan.

C Elizabethtown Belt and Hose Local #780

- 1 A Target Benefit equal to \$20.00 multiplied by Credited Service.
- 2 The monthly benefit payable is calculated as the excess of the Target Benefit over the Gates Matchmaker Plan Offset with the excess, if any, subject to a minimum accrued benefit calculated as of March 31, 1992.

Plan Name: The Gates Group Retirement Plan
EIN / PN: 84-0857401/333
Plan Sponsor: Gates Corporation
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

D Elizabethtown Polyflex Local #766

- 1 A Target Benefit equal to Credited Service as of December 31, 2009 with each applicable service period multiplied by the rates specified below:

All amounts shown in US Dollars

Monthly Rate	Service Period
15.00	On or before June 30, 1987
16.25	July 1, 1987 - August 31, 1988
17.00	September 1, 1988 - August 31, 1989
17.25	September 1, 1989 - August 31, 1990
18.00	September 1, 1990 - August 31, 1991
19.00	September 1, 1991 - August 31, 1992
20.00	On or after September 1, 1992

- 2 The monthly benefit payable is calculated as the excess of the Target Benefit over the Gates Matchmaker Plan Offset with the excess, if any, subject to a minimum accrued benefit calculated as of August 13, 1990.

E Los Angeles Distribution Center

A monthly benefit payable equal to Credited Service for the applicable dates multiplied by the rates specified below:

All amounts shown in US Dollars

Monthly Rate	Service Period
13.50	On or before November 16, 1986
14.50	November 17, 1986 - November 30, 1988
15.00	December 1, 1988 - November 30, 1990
15.50	December 1, 1990 - November 30, 1991
16.00	December 1, 1991 - November 30, 1992
16.50	December 1, 1992 - November 30, 1993
17.00	On or after December 1, 1993

Reduced Early

The early retirement benefit is, at the member's option, either a deferred benefit commencing at Normal Retirement Date equal to the normal retirement benefit based on Credited Service at early retirement, or an immediate benefit equal to such deferred benefit, reduced by 0.4% for each complete calendar month by which the annuity commencement date precedes age 62.

Plan Name: The Gates Group Retirement Plan
EIN / PN: 84-0857401/333
Plan Sponsor: Gates Corporation
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Unreduced Early

Except for the Los Angeles Distribution Center, if a member has at least 30 years of Continuous Service, the early retirement benefit is, at the member's option, either a deferred benefit commencing at Normal Retirement Date equal to the normal retirement benefit based on Credited Service at early retirement, or an immediate benefit equal to such deferred benefit, unreduced for early commencement. For members at the Los Angeles Distribution Center, unreduced early retirement benefits require attainment of age 55 and at least 30 years of Continuous Service.

Supplemental Early

For those members retiring with at least 30 years of Continuous Service after age 55 and before age 62, a supplemental early retirement benefit is payable equal to the amount needed to bring the total benefit up to an amount specified by a combination of the member's age and service, varying by the applicable Document. This supplement is payable as a temporary life annuity to age 62 or death, if earlier. Note that members of Appendix K in Document Number 2 are not eligible for a supplement. Also note that this supplement is eliminated for all active members not eligible as of September 30, 2009 (eligibility is age 55 and 30 years of Continuous Service as of that date).

Late

A monthly pension equal to the normal retirement benefit determined as of the member's late retirement date.

Vesting

Eligibility: A member is 100% vested when he has completed at least 5 years of Continuous Service or attained age 65. All members of Document Number 2 who are actively employed as of September 30, 2009 are automatically 100% vested. All members of Document Number 3 (Elizabethtown Polyflex) who are actively employed as of December 31, 2009 are automatically 100% vested. All members of Document Number 3 (Galesburg) who are actively employed as of April 10, 2011 are automatically 100% vested.

Benefit: A monthly retirement income commencing at Normal Retirement Date equal to the accrued retirement income.

A former member of Document Number 1 who is entitled to a vested deferred retirement benefit may elect to receive an immediate retirement benefit as early as age at termination equal to the deferred benefit actuarially reduced for each complete calendar month that the annuity commencement date precedes Normal Retirement Date.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

A former member of Document Numbers 2 and 3 who is entitled to a vested deferred retirement benefit and terminated service with at least 10 years of Continuous Service may, on or after his attainment of age 55, elect to receive an immediate retirement benefit equal to the deferred benefit actuarially reduced for each complete calendar month by which the annuity commencement date precedes Normal Retirement Date.

Disability

Disability occurring on or before September 30, 2009 (for Document Number 2), on or before December 31, 2009 (for Elizabethtown Polyflex Document Number 3), and on or before April 10, 2011 (for Galesburg Document Number 3):

Eligibility: Total and permanent disability as determined by the Committee, and after the completion of 10 years of Continuous Service. The member must also qualify for Social Security disability benefits.

Benefit: The disability retirement benefit is equal to the accrued benefit determined using Credited Service and Eligible Earnings as of the date of disability payable immediately, with no reduction for early commencement.

Disability occurring after September 30, 2009 (for Document Number 2), after December 31, 2009 (for Elizabethtown Polyflex Document Number 3), and after April 10, 2011 (for Galesburg Document Number 3):

Active members are not eligible for disability benefits.

Preretirement Surviving Spouse Benefit

Eligibility: A member dies prior to his annuity commencement date, but after the attainment of Normal Retirement Age, completion of at least 5 years of Continuous Service or otherwise eligible for a deferred vested benefit with a surviving spouse.

Benefit: The retirement benefit payable to the spouse is equal to the retirement benefit which would have been payable to such spouse under the plan's joint and 50% survivor benefit if the member had terminated on his date of death, survived until his normal retirement age under the plan, begun receiving a benefit in the form of a qualified joint and survivor annuity and died the next day. The surviving spouse may elect an earlier commencement date, but no earlier than the member's earliest early retirement date.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

If the member is covered under Document Number 2, Appendix J and dies while active after (1) the attainment of age 65, (2) the attainment of age 55 and 10 years of Continuous Service, (3) the attainment of age 50 and 20 years of Continuous Service, or (4) has at least 30 years of Continuous Service, no adjustment is made for the joint and survivor option, and the benefit will be paid as a single life annuity with a 5-year guaranteed period.

Single Sum Death Benefit

Eligibility: A member (other than a deferred vested member) covered under Document Number 1, Appendix J of Document Number 2 or Document Number 3 dies after his annuity commencement date, is currently receiving a benefit as of the date of death and is survived by a spouse to whom the member has been married for at least one year.

Benefit: The single lump sum of \$750 for employees of the Los Angeles Distribution Center and \$1,500 for all other covered employees, payable to the surviving spouse.

Form of Payment

Life annuity with an immediate 5-year guaranteed period

50%, 75% or 100% joint and survivor annuity

Lump sum

Changes in Plan Provisions Since Last Actuarial Valuation

There have been no changes in the plan provisions since the last actuarial valuation that would affect current valuation results.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions

Applies to Document Number 5

Plan Sponsor

Gates Corporation

Effective Date

Restated effective January 1, 2016 and there are no subsequent amendments that affect the plan provisions.

Participation

Each covered employee of Camel Tire Care Products who is a member of the collective bargaining unit becomes a member immediately upon hire. Effective April 17, 1990, future new members are excluded from the plan.

Retirement Dates

Normal: The first day of the month following the attainment of age 65 and the completion of 5 years of participation in the plan.

Early: The first day of the month following the attainment of age 55 and the completion of 10 years of Continuous Service.

Late: The first day of any month subsequent to the Normal Retirement Date.

Continuous Service

Service is credited on the basis of one year for each calendar year in which the member works at least 1,000 hours and partial years of service are credited on a prorated basis – 1/10th for each 160 hours worked.

Credited Service

Service is credited on the basis of one year for each calendar year in which the member works at least 1,280 hours and partial years of service are credited on a prorated basis based on a total of 1,280 hours.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Credited service accruals were frozen as of April 17, 1990.

Retirement Income

Normal: A monthly pension equal to \$11.00 multiplied by Credited Service.

Early: The early retirement benefit is, at the member's option, either a deferred benefit commencing at Normal Retirement Date equal to the normal retirement benefit based on Credited Service at early retirement, or an immediate benefit equal to such deferred benefit, reduced by 0.4% for each complete calendar month by which the annuity commencement date precedes Normal Retirement Date.

Late: A monthly pension equal to the normal retirement benefit determined as of the member's late retirement date.

Vesting

Eligibility: A member is 100% vested when he has completed at least 5 years of Continuous Service or attainment of Normal Retirement Date while employed.

Benefit: A monthly retirement income commencing at his Normal Retirement Date equal to his accrued retirement income.

A former member who is entitled to a vested deferred retirement benefit and terminated service with 10 or more years of Continuous Service may, on or after his attainment of age 55, elect to receive an immediate retirement benefit equal to the deferred benefit actuarially reduced for each complete calendar month by which the annuity commencement date precedes Normal Retirement Date.

Preretirement Surviving Spouse Benefit

Eligibility: A member dies prior to his annuity commencement date, but after the attainment of Normal Retirement Age or completion of at least 5 years of Continuous Service with a surviving spouse.

Benefit: The retirement benefit payable to the spouse is equal to the retirement benefit which would have been payable to such spouse under the plan's joint and 50% survivor benefit if the member had terminated on his date of death, survived until his normal retirement age under the plan, begun receiving a benefit in the form of a qualified joint and survivor annuity and died the next day. The surviving spouse may elect an earlier commencement date, but no earlier than the member's earliest early retirement date.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Form of Payment

Life annuity

Life annuity with an immediate 5-year or 10-year guaranteed period

50%, 75% or 100% joint and survivor annuity

Lump sum

Changes in Plan Provisions Since Last Actuarial Valuation

There have been no changes in the plan provisions since the last actuarial valuation that would affect current valuation results.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions

Applies to Document Number 6

Plan Sponsor

Gates Corporation

Effective Date

Restated effective January 1, 2016 and there are no subsequent amendments that affect the plan provisions.

Participation

Each eligible employee becomes a member after completion of 1,000 hours during either the first twelve months of employment or any succeeding plan year. Effective June 25, 1996, future new members are excluded from the plan.

Retirement Dates

Normal: The first day of the month coinciding with or next following the attainment of age 65 and the completion of 5 years of participation in the plan.

Early: The first day of the month coinciding with or next following the attainment of age 60 and the completion of 10 years of Continuous Service. Hourly employees are also eligible the first day of the month following the attainment of age 62, or age 60 with at least 30 years of Continuous Service.

Late: The first day of any month subsequent to the Normal Retirement Date.

Continuous Service / Credited Service

Service is credited on the basis of one year for each calendar year during which the member worked at least 1,000 hours and partial years of service are credited as follows:

Hours	Year of Service
1 – 380	$\frac{1}{4}$
381 – 760	$\frac{1}{2}$
761 – 999	$\frac{3}{4}$
1,000 +	1

Plan Name: The Gates Group Retirement Plan
EIN / PN: 84-0857401/333
Plan Sponsor: Gates Corporation
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Credited Service accruals were frozen as of September 30, 1996.

Compensation

Total cash remuneration paid prior to September 30, 1996, including pre-tax contributions to any 401(k) or cafeteria plan.

Retirement Income

Normal:

- 1 Salaried Members: A monthly pension $[(a) + (b) - (c)]$ as follows:
 - a 1.0% multiplied by monthly Average Final Compensation multiplied by Credited Service.
 - b 0.25% multiplied by monthly Average Final Compensation in excess of $1/12^{\text{th}}$ of 67.4% of the Social Security wage base (for the calendar year immediately preceding the year of determination), multiplied by the minimum of Credited Service earned after September 30, 1991 and 35 years.
 - c Any Scoville plan deferred vested benefit.

Average Final Compensation is determined to be the average Compensation prior to September 30, 1996 and during the highest 5 consecutive plan years during the longer of either (1) the 15 plan years immediately preceding the employee's retirement or termination; or (2) the plan years from the employee's attainment of age 45 to the employee's retirement or termination.

- 2 Hourly Members: A monthly pension equal to \$6.00 multiplied by Credited Service.

Early: The early retirement benefit is, at the member's option, either a deferred benefit commencing at Normal Retirement Date equal to the normal retirement benefit based on Credited Service at early retirement, or an immediate benefit equal to such deferred benefit, reduced by 0.6% for each complete calendar month by which the annuity commencement date precedes Normal Retirement Date. The early retirement benefit for hourly employees is unreduced at age 62 or at age 60 with at least 30 years of Continuous Service.

Late: A monthly pension equal to the normal retirement benefit determined as of the member's late retirement date.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Vesting

Eligibility: A member is 100% vested when he has completed at least 5 years of Continuous Service or attained Normal Retirement Date while employed. All active members became 100% vested at September 30, 1996.

Benefit: A monthly retirement income commencing at Normal Retirement Date equal to his accrued retirement income.

A former member who is entitled to a vested deferred retirement benefit and terminated service with 10 or more years of Continuous Service may, on or after his attainment of age 60, elect to receive an immediate retirement benefit equal to the deferred benefit reduced by 0.6% for each complete calendar month by which the annuity commencement date precedes Normal Retirement Date.

Preretirement Surviving Spouse Benefit

Eligibility: A member dies prior to his annuity commencement date, but after the attainment of Normal Retirement Age, completion of at least 5 years of Continuous Service or otherwise eligible for a deferred vested benefit with a surviving spouse.

Benefit: The retirement benefit payable to the spouse is equal to the retirement benefit which would have been payable to such spouse under the plan's joint and 50% survivor benefit if the member had terminated on his date of death, survived until his normal retirement age under the plan, begun receiving a benefit in the form of a qualified joint and survivor annuity and died the next day. The surviving spouse may elect an earlier commencement date, but no earlier than the member's earliest early retirement date.

Form of Payment

Life annuity

Life annuity with an immediate 10-year guaranteed period

50%, 75% or 100% joint and survivor annuity

Lump sum

Changes in Plan Provisions Since Last Actuarial Valuation

There have been no changes in the plan provisions since the last actuarial valuation that would affect current valuation results.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions

Applies to Document Number 7

Plan Sponsor

Gates Corporation

Effective Date

Restated effective January 1, 2016 and there are no subsequent amendments that affect the plan provisions.

Participation

Each eligible employee becomes a member after completion of one Year of Service and attainment of age 21. Effective January 1, 2003, future new members and rehired employees are excluded from the plan.

Retirement Dates

Normal: The first day of the month coincident with or next following the attainment of age 65.

Early: The first day of the month following the attainment of age 55 and the completion of 10 Years of Service. Former members under the Standard-Thomson Retirement Plan for Salaried Employees are also eligible the first day of the month following the attainment of age 60 and the completion of 5 years of Benefit Accrual Service.

Late: The first day of any month subsequent to the Normal Retirement Date.

Year of Service / Benefit Accrual Service

Service is credited on the basis of one year for each 12 months of service and partial years of service are credited on a prorated basis.

Former members in the Standard-Thomson Retirement Plan for Salaried Employees will receive Years of Service and Benefit Accrual Service credit for service credited under that plan.

Former members in the Trico Pension Plan will receive Years of Service and Benefit Accrual Service credit for service credited under that plan.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Benefit Accrual Service was frozen as of September 30, 2009.

Earnings

Compensation received from the Company for services rendered as an eligible employee, including overtime, bonuses and other non-recurring compensation, limited to the applicable compensation limit as indexed. No Earnings after September 30, 2009 will be considered for Target Benefit calculation purposes.

Covered Compensation

Average of Social Security wage bases for the 35-year period ending with the earlier of the year Social Security full retirement age is attained and 2009.

Tomkins Automotive 401(k) Plan Hypothetical Account Balance

The Tomkins Automotive 401(k) Plan Hypothetical Account Balance is the sum of Company basic contributions made on or after January 1, 2003 plus deemed investment return under the Stable Value Fund of the Tomkins Automotive 401(k) Plan. The Company basic contribution is currently 3% of applicable earnings.

Tomkins Automotive 401(k) Plan Offset

The Tomkins Automotive 401(k) Plan Offset is determined by a factor based on age and Years of Service applied to the Tomkins Automotive 401(k) Plan Hypothetical Account Balance as described in the Plan Document.

Target Benefit

If the Target Benefit is greater than the Tomkins Automotive 401(k) Plan Offset, the excess of the Target Benefit over the Offset is payable from the plan.

Retirement Income

Normal:

- 1 A Target Benefit equal to the sum of (a) and (b):
 - a 1.0% multiplied by Average Eligible Earnings multiplied by years of Benefit Accrual Service as of September 30, 2009.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

- b 0.5% multiplied by Average Eligible Earnings over 1/12th of Covered Compensation multiplied by years of Benefit Accrual Service as of September 30, 2009.

Average Eligible Earnings are determined to be the average of the highest 60 consecutive months of Earnings on or before September 30, 2009.

2 Former Trico Pension Plan members:

A Target Benefit equal to the greater of (a) or (b):

- a The sum of (i) and (ii):
 - i The member's accrued benefit under the TRICO plan as of December 31, 1995 (paid as a 5-year certain and life annuity).
 - ii The member's accrued benefit under this plan, based on years of Benefit Accrual Service on or after January 1, 1996 and prior to September 30, 2009.
- b The member's accrued benefit under the Trico plan as of December 31, 1996.

3 Former members under the Standard Thomson Retirement Plan for Salaried Employees

A Target Benefit equal to the greater of (a) or (b):

- a The excess of (i) over (ii):
 - i The member's accrued benefit under the Standard-Thomson plan as of December 31, 1994.
 - ii The benefit attributable to accumulated employee contributions made under the Standard-Thomson Plan that have been withdrawn on or after January 1, 1995.
- b The sum of (i) and (ii):
 - i The member's accrued benefit under this plan.
 - ii The benefit attributable to the accumulated employee contributions made under the Standard-Thomson plan that have not been withdrawn.

The monthly benefit payable is calculated as the excess of the Target Benefit over the Tomkins Automotive 401(k) Plan Offset with the excess, if any, subject to a minimum accrued benefit calculated as of February 28, 2003.

Early:

The early retirement benefit is, at the member's option, either a deferred benefit commencing at Normal Retirement Date equal to the normal retirement benefit based on Benefit Accrual Service at

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

early retirement, or an immediate benefit equal to such deferred benefit, reduced by 1/3 of 1% for each complete calendar month by which the annuity commencement date precedes Normal Retirement Date.

Former Trico Pension Plan members:

The early retirement benefit is, at the member's option, either a deferred benefit commencing at Normal Retirement Date equal to the normal retirement benefit based on Benefit Accrual Service at early retirement, or an immediate benefit equal to such deferred benefit reduced by 1/3 of 1% for each complete calendar month by which the annuity commencement date precedes Normal Retirement Date, but not less than the member's accrued benefit as of December 31, 1996 under the Trico plan reduced by 1/2 of 1% for each complete calendar month by which the annuity commencement date precedes age 62.

Former members under the Standard-Thomson Retirement Plan for Salaried Employees:

The early retirement benefit is, at the member's option, either a deferred benefit commencing at Normal Retirement Date equal to the normal retirement benefit based on Benefit Accrual Service at early retirement, or an immediate benefit equal to such deferred benefit reduced by 1/3 of 1% for each complete calendar month by which the annuity commencement date precedes Normal Retirement Date. For those members retiring at or after age 60 with 5 years of Benefit Accrual Service, but less than 10 Years of Service, such deferred benefit is reduced by 5/12 of 1% for each complete calendar month by which the annuity commencement date precedes Normal Retirement Date.

Late:

A monthly pension equal to the normal retirement benefit determined as of the member's late retirement date.

Vesting

Eligibility: A member is 100% vested when he has completed at least 7 Years of Service. Partial vesting occurs according to the following schedule:

3 but less than 4 years	20%
4 but less than 5 years	40%
4 but less than 5 years	60%
6 but less than 7 years	80%

Plan Name: The Gates Group Retirement Plan
EIN / PN: 84-0857401/333
Plan Sponsor: Gates Corporation
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Effective June 29, 2007, employees who were active members and were part of the Trico divestiture are considered 100% vested.

Effective June 18, 2008, employees who were active members and were part of the Stant divestiture are considered 100% vested.

All other members who were actively employed as of September 30, 2009 are automatically 100% vested.

Benefit: A monthly retirement income commencing at Normal Retirement Date equal to accrued retirement income.

A former member who is entitled to a vested deferred retirement benefit and terminated service with 10 or more Years of Service may, on or after his attainment of age 55, elect to receive an immediate retirement benefit equal to the deferred benefit reduced by 3/4 of 1% for each complete calendar month by which the annuity commencement date precedes Normal Retirement Date up to 3 years and 5/12 of 1% for each complete calendar month that the annuity commencement date precedes age 62. Effective July 1, 2007, the 10 Years of Service requirement is eliminated from the preceding sentence.

Former members of the Standard-Thomson plan and Trico plan who are entitled to a vested deferred retirement benefit are also eligible for the early retirement benefits as described under the Early Retirement Income section above.

Preretirement Surviving Spouse Benefit

Eligibility: A member dies prior to his annuity commencement date, but after the attainment of Normal Retirement Age or after attaining a vested right to a benefit with a surviving spouse.

Benefit: The retirement benefit payable to the eligible spouse is equal to the retirement benefit which would have been payable to such spouse under the plan's joint and 50% survivor benefit if the member had terminated on his date of death, survived until his normal retirement age under the plan, begun receiving a benefit in the form of a qualified joint and survivor annuity and died the next day. The spouse may elect an earlier commencement date, but not earlier than the member's earliest early retirement date.

Non-Spousal Death Benefit

Eligibility: A member without a spouse dies before his annuity commencement date, but after attaining age 55 and completing 10 Years of Service.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Benefit: The retirement benefit that would have been payable to the member if the member had retired on the day preceding his death, payable as a monthly annuity of 60 payments.

Form of Payment

Life annuity with an immediate 5-year or 10-year guaranteed period

25%, 50%, 75% or 100% joint and survivor annuity

Social Security leveling income option with leveling to either age 62 or 65

Lump sum

Former members in the Trico plan will never receive less than the December 31, 1996 accrued benefit payable in any form listed above, but using the Trico plan's actuarial basis for conversion that is in effect as of December 31, 1996.

Changes in Plan Provisions Since Last Actuarial Valuation

There have been no changes in the plan provisions since the last actuarial valuation that would affect current valuation results.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions

Applies to Document Number 8

Plan Sponsor

Gates Corporation

Effective Date

Restated effective January 1, 2016 and there are no subsequent amendments that affect the plan provisions.

Participation

Each eligible employee becomes a member after completion of one Year of Service. Effective March 1, 2003, future new members are excluded from the plan.

Retirement Dates

Normal: The first day of the month coincident with or next following the attainment of age 65 and the completion of 5 years of participation in the plan.

Early: The first day of the month following the attainment of age 60 and the completion of 10 Years of Service.

Late: The first day of any month subsequent to the Normal Retirement Date.

Years of Service

Service is credited on the basis of one year for each calendar year during which the member worked at least 1,000 hours.

Credited Service

Service is credited on the basis of one year for each calendar year during which the member worked at least 1,700 hours, and one-tenth of a year for each 170 hours during any calendar year the member worked less than 1,700 hours.

No service is credited after February 28, 2003.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Retirement Income

Normal: A monthly pension equal to the appropriate benefit rate listed below multiplied by the minimum of years of Credited Service as of February 28, 2003 and the appropriate service cap:

All Amounts shown in US Dollars.

Facility	Service Cap	Benefit Rate
Granite Falls, MN	28	12.50
Dixon, IL	30	12.00
Eden Prairie, MN	25	9.00
Columbia, MO	25	9.00
St. Augustine, FL	25	10.00
Vanceboro, NC	25	9.00
Spencer, IA	30	16.00

Early: The early retirement benefit is, at the member's option, either a deferred benefit commencing at Normal Retirement Date equal to the normal retirement benefit based on Credited Service at early retirement, or an immediate benefit equal to such deferred benefit, reduced by the appropriate early retirement reduction factor below for each complete calendar month by which the annuity commencement date precedes Normal Retirement Date:

Facility	Early Retirement Reduction Factor
Granite Falls, MN	0.4%
Dixon, IL	0.5%
Eden Prairie, MN	0.6%
Columbia, MO	0.6%
St. Augustine, FL	0.6%
Vanceboro, NC	0.6%
Spencer, IA	0.6%

Late: A monthly pension equal to the normal retirement benefit determined as of the member's late retirement date.

Vesting

Eligibility: A member is 100% vested when he has completed at least 5 Years of Service or attainment of Normal Retirement Date while employed. Active members at various facilities were also 100% vested at the closing of those facilities. Effective February 28, 2003, all active members were 100% vested.

Benefit: A monthly retirement income commencing at Normal Retirement Date equal to accrued retirement income.

Plan Name: The Gates Group Retirement Plan
EIN / PN: 84-0857401/333
Plan Sponsor: Gates Corporation
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

A former member who is entitled to a vested deferred retirement benefit and terminated service with 10 or more Years of Service may, on or after attainment of age 60, elect to receive an immediate retirement benefit equal to the deferred benefit reduced using the same reduction factors as listed above under the Early Retirement Income section.

Disability

Eligibility: Total and permanent disability as determined by the Committee, and after the completion of 10 Years of Service.

Benefit: The disability retirement benefit is equal to the accrued benefit determined using years of Credited Service and the appropriate service cap and benefit rate payable immediately, with no reduction for early commencement.

Preretirement Surviving Spouse Benefit

Eligibility: A member dies prior to his annuity commencement date, but after the attainment of normal retirement age, completion of at least 5 Years of Service or eligible for a deferred vested benefit with a surviving spouse.

Benefit: The retirement benefit payable to the spouse is equal to the retirement benefit which would have been payable to such spouse under the plan's joint and 50% survivor benefit if the member had terminated on his date of death, survived until his normal retirement age under the plan, begun receiving a benefit in the form of a qualified joint and survivor annuity and died the next day. The spouse may elect an earlier commencement date, but not earlier than the member's earliest early retirement date.

Form of Payment

Life annuity

Life annuity with an immediate 10-year guarantee period

50%, 75% or 100% joint and survivor annuity

Lump sum

Changes in Plan Provisions Since Last Actuarial Valuation

There have been no changes in the plan provisions since the last actuarial valuation that would affect current valuation results.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions

Applies to Document Number 9

Plan Sponsor

Gates Corporation

Effective Date

Restated effective January 1, 2016 and there are no subsequent amendments that affect the plan provisions.

Participation

All salaried employees hired or rehired on or after January 1, 2003 become a member upon the later of the date of hire or the attainment of age 18. Effective September 30, 2009, future new members are excluded from the plan.

Retirement Dates

Normal: The first day of the month coinciding with or next following the attainment of age 65.

Late: The first day of any month subsequent to the Normal Retirement Date.

Year of Service

A year of service is determined using the elapsed time method.

Earnings

Compensation received from the Company for service rendered as an eligible employee including overtime, bonuses and other nonrecurring compensation, limited to the applicable compensation limit as indexed. No Earnings after September 30, 2009 will be considered for pay credit accumulations to the account balance.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Retirement Income

Normal / Late: A member's cash accumulation account balance is a nominal account balance determined as 2% of the member's Earnings credited for each plan year up through September 30, 2009 and interest credited on the account balance for each plan year from the last day of the preceding plan year to the last day of the current plan year using the lesser of the annual rate of interest on 30-year Treasury securities and an annual interest rate of 8%. For a member with an annuity commencement date during the year, interest is credited for the partial year.

A monthly retirement income commencing at Normal/Late Retirement Date equal to the actuarial equivalent of the cash accumulation account balance as of the member's annuity commencement date converted to a life annuity using the IRS Interest Rate and IRS Mortality Table as of such annuity commencement date.

Vesting

Eligibility: A member is 100% vested when he has completed at least 3 Years of Service or attained Normal Retirement Date while employed.

Effective June 29, 2007, employees who were active members and were part of the Trico divestiture are considered 100% vested.

Effective June 18, 2008, employees who were active members and were part of the Stant divestiture are considered 100% vested.

All other employees who were actively employed as of September 30, 2009 are considered 100% vested.

Benefit: A monthly retirement income commencing at Normal Retirement Date equal to the actuarial equivalent of the cash accumulation account balance as of the member's annuity commencement date projected to Normal Retirement Date using the IRS Interest Rate as of such annuity commencement date and converted to a life annuity using the IRS Interest Rate and IRS Mortality Table as of such annuity commencement date.

Preretirement Death Benefit

Eligibility: A member dies prior to his annuity commencement date, but after the attainment of normal retirement age or after attaining a vested right to a benefit.

Benefit: If the member is married, the surviving spouse may choose either (a) a lump sum equal to the cash accumulation account balance as of the annuity commencement date; or (b) the actuarial

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

equivalent of the member's accrued benefit payable as of Normal Retirement Date or date of death if later, determined as of the spouse's annuity commencement date.

If the member is single, the member's beneficiary will receive a lump sum payment of the member's cash accumulation account balance determined as of the annuity commencement date.

Form of Payment

Life annuity

50% or 75% joint and survivor annuity

Lump sum

Changes in Plan Provisions Since Last Actuarial Valuation

There have been no changes in the plan provisions since the last actuarial valuation that would affect current valuation results.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions

Applies to Document Number 10

Plan Sponsor

Gates Corporation

Effective Date

Restated effective January 1, 2016 and there are no subsequent amendments that affect the plan provisions.

Participation

First day of the month next following the date of employment. However, due to the plant closure in Buffalo, New York, there are no longer any new employees eligible to participate in this plan.

Retirement Dates

Normal: The first day of the month coinciding with or next following the attainment of age 65.

Early: The first day of the month coinciding with or next following the attainment of age 55 and the completion of 10 Years of Credited Service.

Late: The first day of any month subsequent to the Normal Retirement Date.

Credited Service

Service before September 1, 1976: Service is credited on the elapsed time basis with one year of Credited Service for each year that the member worked.

Service after August 31, 1976 and before June 1, 1979: Service is credited on the basis of one year for each calendar year during which the member worked at least 2,000 hours, and one-tenth of a year for each 200 hours during any calendar year the member worked less than 2,000 hours.

Service after May 31, 1979: Service is credited on the basis of one year for each calendar year during which the member worked at least 1,700 hours, and one-tenth of a year for each 170 hours during any calendar year the member worked less than 1,700 hours.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Credited Service ceased to accrue upon the closure of the Buffalo, New York plant.

Vesting Service

Service before 1976: Service is credited on the elapsed time basis with any fractional year rounded up to a full year.

Service after 1975: Service is credited on the basis of one year for each calendar year during which the member worked at least 1,000 hours. For years in which less than 1,000 hours are worked, the fractional year is rounded up to the next higher one-tenth of a year.

Retirement Income

Normal: A monthly pension equal to Credited Service as of the plant closure date multiplied by the applicable pension rate(s) specified in the Plan document, plus \$11.00.

Early: The early retirement benefit is, at the member's option, either a deferred benefit commencing at Normal Retirement Date equal to the normal retirement benefit based on Credited Service at early retirement, or an immediate benefit equal to such deferred benefit, reduced by 0.5% for each complete calendar month by which the annuity commencement date precedes age 62. The early retirement benefit is unreduced after the member has attained age 55 and has completed at least 30 years of Credited Service.

Late: A monthly pension equal to the normal retirement benefit determined as of the member's late retirement date.

Vesting

Eligibility: A member is 100% vested when he has completed at least 5 years of Vesting Service or attainment of Normal Retirement Date while employed. All members terminated due to the plant closure are considered fully vested.

Benefit: A monthly retirement income commencing at his Normal Retirement Date equal to his accrued retirement income.

A former member who is entitled to a vested deferred retirement benefit and terminated service with 10 or more years of Credited Service may, on or after his attainment of age 55, elect to receive an immediate retirement benefit equal to the deferred benefit reduced by 0.5% for each complete calendar month by which the annuity commencement date precedes age 62.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Preretirement Surviving Spouse Benefit

Eligibility: A member dies prior to his annuity commencement date, but after the attainment of normal retirement age, completion of at least 5 years of Vesting Service or otherwise eligible for a deferred vested benefit with an eligible surviving spouse.

Benefit: The retirement benefit payable to the spouse is equal to the retirement benefit which would have been payable to such spouse under the plan's joint and 50% survivor benefit if the member had terminated on his date of death, survived until his normal retirement age under the plan, begun receiving a benefit in the form of a qualified joint and survivor annuity and died the next day. The surviving spouse may elect an earlier commencement date, but not earlier than the member's earliest early retirement date.

Form of Payment

Life annuity

Life annuity with an immediate 10-year guaranteed period

50%, 75% or 100% joint and survivor annuity

Social Security leveling option with leveling to either age 62 or age 65

Lump sum

Changes in Plan Provisions Since Last Actuarial Valuation

There have been no changes in the plan provisions since the last actuarial valuation that would affect current valuation results.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions

Applies to Document Number 11

Plan Sponsor

Gates Corporation

Effective Date

Restated effective January 1, 2016 and there are no subsequent amendments that affect the plan provisions.

Participation

All employees who are members of USWA Local 1753. However, due to the sale of the plant employing all members of this plan, there will be no new entrants to the plan effective December 28, 2002.

Retirement Dates

Normal: First day of the month coincident or next following attainment of age 65.

Early: The first day of any month following the attainment of age 60 and the completion of 15 years of Continuous Service.

Late: The first day of any month subsequent to the Normal Retirement Date.

Continuous Service

Total service prior to termination or retirement. Continuous Service will be the same for vesting and benefit accrual purposes, except that service prior to age 18 will not count toward vesting.

Retirement Income

Normal: For retirements commencing on or after March 1, 2001, a monthly pension of \$15.00 per year of Continuous Service not in excess of 40 years.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Early: The early retirement benefit is, at the member's option, either a deferred benefit commencing at age 65 equal to the normal retirement benefit based on service at early retirement, or an immediate benefit equal to such deferred benefit, reduced by 0.5556% for each month by which the annuity commencement date precedes Normal Retirement Date.

Late: A monthly pension equal to the normal retirement benefit determined as of the member's late retirement date.

Vesting

Eligibility: A member is 100% vested when he has completed at least 5 years of Continuous Service or if he is employed on December 27, 2002.

Benefit: A monthly retirement income commencing at his Normal Retirement Date equal to his accrued retirement income, or after attaining 60, but before 65, actuarially reduced for each month that commencement of payment precedes his Normal Retirement Date.

Pre-Retirement Surviving Spouse Benefit

Eligibility: A vested member dies before his benefit commencement date and has a spouse at time of death.

Benefit: The retirement benefit payable to the spouse is equal to the retirement benefit which would have been payable to such spouse under the Plan's joint and 50% survivor benefit if the member had terminated on his date of death, survived to the earliest date he could have retired, chose a 50% joint and survivor and died the next day.

Form of Payment

Life annuity

50%, 75% or 100% joint and survivor annuity

Lump sum

Changes in Plan Provisions since Last Actuarial Valuation

There have been no changes in the plan provisions since the last actuarial valuation that would affect current valuation results.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019

The Gates Group Retirement Plan

Form 5500, Schedule H, Part IV, Line 4i Schedule of Assets (Held at End of Year)

EIN #: 84-0857401

Plan Number: 333

As of December 31, 2019

(a)	(b)	(b)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Number of Shares	Cost	Current Value
Insurance company general accounts				
* GAC METLIFE CONT. #163 RT	INSURANCE GENERAL ACCOUNT	8,973.00	\$ 8,973	\$ 8,973
Unallocated insurance contracts				
* PRINCIPALE LIFE INSURANCE COMPANY	PRINCIPALE LIFE INSURANCE COMPANY - CREDITING INTEREST RATE OF 2.91% AT DECEMBER 31, 2019	4,189,338.00	4,189,338	4,414,005
Pooled separate accounts				
METLIFE	POOLED SEPARATE ACCOUNT	9,212.57	1,841,576	1,834,131
Common collective trusts				
BLACKROCK	BLACKROCK TREAS US 15 YR KEY RATE DUR NL FD A	321,107.74	3,721,584	5,749,194
BLACKROCK	BLACKROCK TREAS US 5 YR KEY RATE DUR NL FD A	442,338.76	3,879,101	5,084,999
BLACKROCK	BLACKROCK TSY U.S. 20 YR KEY RATE DURNL FD	118,591.83	1,310,650	1,979,985
BLACKROCK	BLACKROCK TSY US10 YR KEY RATE DUR NLFD A	522,642.94	4,960,363	7,493,031
INCOME RESEARCH & MANAGEMENT	IR+M INTERMEDIATE CORPORATE COLLECTIVE FUND	887,301.71	9,057,361	10,057,771
STATE STREET GLOBAL ADVISORS	SSGA INTERMEDIATE CREDIT US GOVERNMENT INDEX FUND	362,978.15	9,143,790	9,674,457
* WILLIS TOWERS WATSON	WTWG TRUST DIVERSIFIED CREDIT FUND	2,917,153.70	29,400,831	31,728,422
* WILLIS TOWERS WATSON	WTWG TRUST LONGCREDIT FUND	782,044.61	7,760,221	9,472,750
* WILLIS TOWERS WATSON	WTWG TRUST SUBS REDS CLEAR DEF	5,207,166.16	51,536,134	56,818,514
* NORTHERN TRUST	COLTV SHORT TERM INVT FD	4,578,660.35	4,578,660	4,578,660
STATE STREET GLOBAL ADVISORS	SSGA LONG US GOVERNMENT INDEX FUND	687,907.00	27,932,964	32,923,917
HEITMAN GLOBAL	PRIME COLLECTIVE INVESTMENT TRUST CLASS 2	1,520,829.84	15,164,194	17,088,500
LEGAL & GENERAL AMERICA	LEGAL & GENERAL GLOBAL CORE INFRASTRUCTURE CIT	129,684.93	14,009,863	17,772,024
Total Investments, at fair value			\$ 216,679,333	

*Represents a party-in-interest as defined by ERISA.

See accompanying independent auditor's report and notes to financial statements

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2019

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2019	19,805,378	7.00000	19,805,378	3,218,131
Total				19,805,378	3,218,131

Plan Name: The Gates Group Retirement Plan
EIN / PN: 84-0857401/333
Plan Sponsor: Gates Corporation
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

The decrement timing used in the valuation was changed from beginning of year to rounded middle of year. Under rounded middle of year decrement timing, all decrements are assumed to occur at the middle of the year and eligibility for benefits, commencement and cessation of benefits, and other events are assumed to occur at the middle of the year. This change in funding method was made in accordance with a class ruling issued to Willis Towers Watson on March 18, 2019, and the effects of the change fall within the parameters of the class ruling.

Plan Name:	The Gates Group Retirement Plan
EIN / PN:	84-0857401/333
Plan Sponsor:	Gates Corporation
Valuation Date	January 1, 2019