

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

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

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>LORD CORPORATION ERIE HOURLY EMPLOYEES' SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1985</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>25-0626921</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>919-468-5979</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>325500</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>01/01/1985</u>		2b Employer Identification Number (EIN) <u>25-0626921</u>		2c Plan Sponsor's telephone number <u>919-468-5979</u>		2d Business code (see instructions) <u>325500</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>										
1c Effective date of plan <u>01/01/1985</u>											
2b Employer Identification Number (EIN) <u>25-0626921</u>											
2c Plan Sponsor's telephone number <u>919-468-5979</u>											
2d Business code (see instructions) <u>325500</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>LORD CORPORATION</u> <u>PO BOX 8012</u> <u>CARY, NC 27512-8012</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.	07/02/2021	DOUGLAS STEIN
	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	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 330
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 255 6a(2) 258 6b 0 6c 57 6d 315 6e 9 6f 324 6g 324 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: 2F 2H 2J 2K 2R 2S 2T 3I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 LORD CORPORATION ERIE HOURLY EMPLOYEES' SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 LORD CORPORATION	D Employer Identification Number (EIN) 25-0626921

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 NEW YORK 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
13-5582869	66915	GA31562		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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	2266722

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

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

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

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

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

b Balance at the end of the previous year.....	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan LORD CORPORATION ERIE HOURLY EMPLOYEES' SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 LORD CORPORATION	D Employer Identification Number (EIN) 25-0626921	

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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 60 64 65 71	NONE	11829	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CAPTRUST

4208 SIX FORKS ROAD
SUITE 1700
RALEIGH, NC 27609

(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 27 50	NONE	6000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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:	ERNST & YOUNG LLP	b EIN:	34-6565596
c Position:	AUDITOR		
d Address:	4131 PARKLAKE AVENUE, SUITE 500 RALEIGH, NC 27612-2389	e Telephone:	919-981-2800

Explanation: BUSINESS DECISION.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan <u>LORD CORPORATION ERIE HOURLY EMPLOYEES' SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LORD CORPORATION</u>	D Employer Identification Number (EIN) <u>25-0626921</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>SALARIED/HOURLY/EXE EMPLOYEES SVGS</u>				
b Name of sponsor of entity listed in (a): <u>LORD CORPORATION</u>				
c EIN-PN <u>25-0626921-020</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PSA NO. 25 STABLE VALUE ACCOUNT</u>				
b Name of sponsor of entity listed in (a): <u>NEW YORK LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>13-5582869-125</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>2266722</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMARTRETIREMENT PASSIVE BLND INCOME</u>				
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>				
c EIN-PN <u>26-1164871-001</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>2533347</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMARTRETIREMENT PASSIVE BLEND 2020</u>				
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>				
c EIN-PN <u>26-1165037-001</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>7197227</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMARTRETIREMENT PASSIVE BLEND 2025</u>				
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>				
c EIN-PN <u>26-1165154-001</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>10523765</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMARTRETIREMENT PASSIVE BLEND 2030</u>				
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>				
c EIN-PN <u>26-1165198-001</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>3598889</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMARTRETIREMENT PASSIVE BLEND 2035</u>				
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>				
c EIN-PN <u>26-1165348-001</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>1869097</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: SMARTRETIREMENT PASSIVE BLEND 2040

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 26-1165392-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4711374
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SMARTRETIREMENT PASSIVE BLEND 2045

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 26-1165449-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2495534
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SMARTRETIREMENT PASSIVE BLEND 2050

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 26-1165477-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1898196
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: SMARTRETIREMENT PASSIVE BLEND 2055

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 45-5590883-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 723041
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SMARTRETIREMENT PASSIVE BLEND 2060

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 81-3250124-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61812
--------------------------------	------------------------	---

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)
-----------------	----------------------	---

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan LORD CORPORATION ERIE HOURLY EMPLOYEES' SAVINGS PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 LORD CORPORATION	D Employer Identification Number (EIN) 25-0626921	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	473619	12859
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2347	6620
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	1295021	1463578
(9) Value of interest in common/collective trusts	1c(9)	10010044	35612282
(10) Value of interest in pooled separate accounts	1c(10)	2136926	2266722
(11) Value of interest in master trust investment accounts	1c(11)	12628179	0
(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)	13926088	17006382
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2652335	3620009

		(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	43124559 59988452
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	43124559 59988452

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)	610519
	(B) Participants	2a(1)(B)	1670713
	(C) Others (including rollovers)	2a(1)(C)	92609
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2373841
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	80
	(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)	81137
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	81217
(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)	698624
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	698624
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2732614
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		48672
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		19829990
(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)		2967697
c Other income	2c		10193
d Total income. Add all income amounts in column (b) and enter total	2d		28742848

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11842536	
(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)		11842536
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		17728
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	11829	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	6000	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		17829
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11878093

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16864755
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		862

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: MCGILL, POWER, BELL & ASSOCIATES

(2) EIN: 25-1031405

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
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)
LORD CORPORATION SALARIED EXEMPT EMPLOYEES' SAVINGS AND RETIREMENT PLAN	25-0626921	005

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

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

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

A Name of plan <u>LORD CORPORATION ERIE HOURLY EMPLOYEES' SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LORD CORPORATION</u>	D Employer Identification Number (EIN) <u>25-0626921</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

LORD Corporation

ERIE HOURLY EMPLOYEES' SAVINGS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2019 AND 2018

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
SUPPLEMENTAL INFORMATION	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	20
Schedule H, Line 4j – Schedule of Reportable Transactions	21



2402 West 8th Street
Erie, PA 16505
814.453.6594
Fax: 814.455.3642
www.mpbcpa.com

INDEPENDENT AUDITOR'S REPORT

Parker Total Rewards Administration Committee
LORD Corporation Erie Hourly Employees' Savings Plan
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the LORD Corporation Erie Hourly Employees' Savings Plan, which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion on the 2019 Financial Statements* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion on the 2019 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the

2019 financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2019 financial statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2019 Financial Statements* paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2019 financial statements. Accordingly, we do not express an opinion on the 2019 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedules

The supplemental schedules listed in the table of contents are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2019 Financial Statements* paragraph, we do not express an opinion on these supplemental schedules referred to above.

Other Matter – 2018 Financial Statements

The financial statements of the LORD Corporation Erie Hourly Employees' Savings Plan as of December 31, 2018, were audited by other auditors whose report, dated October 14, 2019, expressed an unmodified opinion on those statements.

Report on Form and Content in Compliance with DOL Rules and Regulations 2019

The form and content of the information included in the 2019 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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*.

McGill, Power, Bell & Associates, LLP

McGill, Power, Bell & Associates, LLP
Erie, Pennsylvania
July 1, 2021

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Investments		
Investments, at Fair Value	\$ 58,512,015	\$ 28,727,740
Plan Interest in LORD Corporation Master Savings Trust	<u>-</u>	<u>12,628,180</u>
Total Investments	58,512,015	41,355,920
Receivables		
Employer Contribution	12,859	473,619
Notes Receivable from Participants	<u>1,467,305</u>	<u>1,295,021</u>
Total Receivables	<u>1,480,164</u>	<u>1,768,640</u>
Total Assets	<u>59,992,179</u>	<u>43,124,560</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 59,992,179</u></u>	<u><u>\$ 43,124,560</u></u>

See notes to financial statements.

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
ADDITIONS		
Investment Income		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 5,686,309	\$ (2,935,660)
Interest and Dividends	747,376	950,187
Change in Plan Interest in LORD Corporation Master Savings Trust	19,829,990	2,925,922
Other Income	<u>10,193</u>	<u>4,545</u>
Net Investment Income	26,273,868	944,994
Interest Income on Notes Receivable from Participants	81,137	76,345
Contributions		
Participants	1,670,713	1,433,419
Employer (Stock)	-	150,688
Employer (Cash)	610,519	473,619
Rollovers	<u>92,609</u>	<u>20,918</u>
Total Contributions	<u>2,373,841</u>	<u>2,078,644</u>
TOTAL ADDITIONS	<u>28,728,846</u>	<u>3,099,983</u>
DEDUCTIONS		
Benefits Paid to Participants	11,842,536	2,181,496
Administrative Expenses	<u>17,829</u>	<u>15,165</u>
TOTAL DEDUCTIONS	<u>11,860,365</u>	<u>2,196,661</u>
NET INCREASE	16,868,481	903,322
Transfers out to Other LORD Corporation Plans	(862)	(23)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>43,124,560</u>	<u>42,221,261</u>
End of Year	<u><u>\$ 59,992,179</u></u>	<u><u>\$ 43,124,560</u></u>

See notes to financial statements.

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A DESCRIPTION OF THE PLAN

General

The following description of the LORD Corporation Erie Hourly Employees' Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan sponsored by LORD Corporation (Company) for the benefit of its employees paid hourly at the Erie, Pennsylvania facility of the Company whose employment is governed by a collective bargaining agreement. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Fidelity Management Trust Company is the trustee of the Plan and serves as Plan custodian.

The Company was acquired by Parker-Hannifin Corporation as of October 29, 2019. The Plan was administered by the Company's Investment & Benefits Committee prior to the Parker-Hannifin Corporation acquisition. The Parker Total Rewards Plan Administration Committee administered following the acquisition. The Committees have the overall responsibility for the operation and administration of the Plan.

Contributions

The Plan permits eligible employees, through a salary deferral election, to have the Company make annual contributions of up to 50 percent of their eligible compensation. Employee rollover contributions are also permitted. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. The Company had previously made matching contributions of 40 percent of employees' salary deferral amounts on the first 5 percent of employees' compensation. Matching contributions, other than deemed made from Employer securities held in trust from terminated members, were made in Employer securities. Effective January 1, 2019, the Company makes matching contributions of 66.7 percent of employees' salary deferral amounts on the first 6 percent of employees' compensation in cash, rather than Employer securities. Contributions are subject to certain limitations.

Participant Investment Account Options

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

The Plan Document also includes an automatic deferral feature whereby a participant is treated as electing to defer a certain percentage of eligible compensation unless the participant made an affirmative election otherwise. The automatic deferral feature also provides for an annual increase in the percentage deferred and is ultimately capped at 10 percent.

Employer matching contributions prior to January 1, 2019 were invested at the discretion of the Company in LORD stock.

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Conversion Out of LORD Corporation Stock

Fully vested participants can cash out a portion of their LORD stock and invest in any of the investment options offered by the Plan. This conversion option is permitted semi-annually, in April and September. Stock may be converted in amounts up to 20% of the total shares owned. Whenever the shares of Employer stock held are equal to \$5,000 or less, only 100% of such shares can be liquidated. LORD stock held in an account of a terminated employee follows mandatory liquidation procedures, not to extend beyond a five-year period. Effective February 14, 2019, the Plan froze all liquidation and redemptions of LORD stock.

Participant Accounts

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

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's matching contributions plus earnings thereon is based on years of continuous service. A participant is fully vested after five years of credited service.

Notes Receivable from Participants

Participants may borrow from their basic contribution, Roth contribution, and rollover accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 1% above the prime rate, as defined. Principal and interest is paid ratably through bi-weekly payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive either a lump-sum amount equal to the value of the vested interest in their account or annual installments not to exceed the life or life expectancy of the participant (and a designated beneficiary).

A participant whose vested account balance is \$1,000 or less and has not commenced receiving installment payments will automatically receive an immediate lump-sum distribution equal to their vested account balance. If a participant's vested accrued benefit exceeds \$1,000 but does not exceed \$5,000, this benefit is payable to the participant prior to his/her normal retirement date without his/her consent. If the participant does not elect to have this benefit rolled over to an eligible retirement plan or paid directly to themselves, the Plan administrator will direct an automatic rollover to an individual retirement plan designated by the Plan administrator in accordance with IRC §7701(a)(37). In-service withdrawals are available in certain limited circumstances, as defined by the Plan.

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Forfeited Accounts

At December 31, 2019 and 2018, forfeited nonvested accounts totaled \$88 and \$46,447, respectively. These accounts will be used to reduce future employer contributions or used to reduce Plan expenses. Also, employer contributions were reduced by \$54,542 and \$0 in 2019 and 2018, respectively, from forfeited nonvested accounts.

Other Unallocated Assets

The Plan participates in a Revenue Credit Program (RCP) with Fidelity where revenue sharing credits are held in an unallocated account to be used to pay Plan expenses. At December 31, 2019 and 2018, the RCP account balances were \$6,621 and \$2,347, respectively. The total revenue sharing credits earned during the years ended December 31, 2019 and 2018 were \$10,193 and \$4,545, respectively. Investment advisory fees and administrative fees paid from this RCP account in 2019 and 2018 were \$6,000 and \$2,400, respectively.

Stock Rights

Any Employer stock received as a stock dividend, a stock split, or as a result of a reorganization of the Employer were allocated to the Employer securities to which they were attributable. Any cash dividends received on Employer stock were allocated to the participant's Employer Securities Dividend Account and invested pursuant to their direction. All balances held in Employer Stock were liquidated during 2019 due to the sale of the Company to Parker-Hannifin Corporation.

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Quoted market prices, if available, are used to value investments. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). The Company's Investment & Benefits Committee, prior to the Parker-Hannifin Corporation acquisition, and the Parker Total Rewards Plan Administration Committee are responsible for determining the Plan's

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

valuation policies and analyzing information provided by the valuation specialists, investment advisers, custodian and insurance company that is used to determine the fair value of the Plan's investments. See Note F for further discussion and disclosures related to the fair value of measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

Transfers Between Fair Value Hierarchy Levels

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized at the beginning of reporting period.

Reclassifications

Certain reclassifications have been made to the 2018 financial statements to conform to the 2019 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

NOTE C CERTIFICATION OF PLAN TRUSTEE

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, Fidelity Management Trust Company, the trustee of the Plan, has certified the following information included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments and notes receivable from participants as shown in the statement of net assets available for benefits as of December 31, 2019.

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

- Investment income and interest income from notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2019.
- Investment information and notes receivable from participants included in the accompanying schedule of assets (held at end of year) as of December 31, 2019, and the accompanying schedule of reportable transactions for the year ended December 31, 2019.

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

NOTE D RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

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

Certain Plan investments are shares of mutual funds, a money market fund, and a self-directed brokerage account managed by Fidelity Investments (Fidelity). Fidelity is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Company directly pays certain other fees related to the Plan's operations.

The Plan invested in the common and preferred stock of the Company through the LORD Corporation Master Savings Trust. The Plan holds New York Life's Pooled Separate Account No. 25, which invests in a pool of securities managed by New York Life, the issuer. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA. During 2018, the Plan received \$211,665 in stock dividends from the Company.

The Plan paid \$11,829 and \$12,765 of recordkeeping fees to Fidelity during the years ended December 31, 2019 and 2018, respectively. Investment advisory expenses paid to CapTrust Financial Advisors aggregated \$6,000 and \$2,400 during the years ended December 31, 2019 and 2018, respectively. The Company provides certain administrative services at no cost to the Plan.

NOTE E PLAN AMENDMENTS

Effective January 1, 2019, the Plan was amended to increase the automatic enrollment employee deferral amount from 5 percent to 6 percent. The Plan was also amended to provide that employer matching contributions shall be made to the trust in cash and invested as directed by participants rather than Employer securities.

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Effective January 1, 2019, the Plan was amended to allow distributions of financial hardship to be distributed from additional contribution sources and earnings thereon, modified the definition of immediate and heavy financial need required for distributions of financial hardship, and removed the requirement that employee deferrals be suspended for six months after receiving a hardship distribution.

Effective January 1, 2019, the Plan was amended to increase the Company match on contributions to 66.7 percent of employees' salary deferral amounts on the first 6 percent of employees' compensation. In addition, the Plan was amended to freeze the liquidation of Employer securities as of February 14, 2019.

Effective November 22, 2019, the Plan was amended to change various administrative matters to the governance structure and Plan fiduciaries to conform to the governance structure for employee benefit plans sponsored and maintained by Parker-Hannifin Corporation.

NOTE F DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS

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

Level 1 – Quoted prices in active markets for identical assets or liabilities

Level 2 – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 – Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Following is a description of the valuation techniques and inputs used for each general type of investment measured at fair value by the Plan.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective Trust Funds: Valued at the NAV of units of a collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities, and then divided by the number of units outstanding. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Pooled Separate Account: Valued at the NAV equivalent of the Plan's interest in New York Life's Pooled Separate Account No. 25 as of the valuation date. The NAV (or its equivalent), as provided by the custodian, is used as a practical expedient to estimate fair value.

Plan Interest in LORD Corporation Master Savings Trust: A description of the valuation methodology is included in Note H.

Additional investments purchased through the BrokerageLink® investment option include the following additional types of investments:

Exchange Traded Funds: Valued at the daily closing price as reported by the fund. Exchange traded funds held by the Plan are open-end exchange traded funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value (NAV) and to transact at that price. The exchange traded funds held by the Plan are deemed to be actively traded.

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Certificates of Deposit: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer.

Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2019 and 2018:

		Fair Value Measurements Using		
	Fair Value	Level 1	Level 2	Level 3
December 31, 2019				
Mutual Funds	\$ 17,006,382	\$ 17,006,382	\$ -	\$ -
Cash Equivalents	6,620	6,620	-	-
Self-Directed Brokerage Accounts	3,620,009	3,412,119	207,890	-
Total Assets in the Fair Value Hierarchy	20,633,011	\$ 20,425,121	\$ 207,890	\$ -
Collective Trust Funds Measured at Net Asset Value (a)	35,612,282			
Pooled Separate Account Measured at Net Asset Value (a)	2,266,722			
Investments at Fair Value	\$ 58,512,015			

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

		Fair Value Measurements Using		
	Fair Value	Level 1	Level 2	Level 3
December 31, 2018				
Mutual Funds	\$ 13,926,088	\$ 13,926,088	\$ -	\$ -
Cash Equivalents	2,347	2,347	-	-
Plan Interest in LORD Corporation				
Master Savings Trust	12,628,180	-	-	12,628,180
Self-Directed Brokerage Accounts	2,652,335	2,652,335	-	-
Total Assets in the Fair Value Hierarchy	29,208,950	\$ 16,580,770	\$ -	\$ 12,628,180
Collective Trust Funds Measured at Net Asset Value (a)	10,010,044			
Pooled Separate Account Measured at Net Asset Value (a)	2,136,926			
Investments at Fair Value	\$ 41,355,920			

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

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2019 and 2018. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described in Note H.

Investments

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

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Level 3 Valuation Process

Fair value determinations for Level 3 measurements of securities were the responsibility of the Company's Investment & Benefits Committee prior to the Parker-Hannifin Corporation acquisition. The Committee contracted with a pricing specialist to generate fair value estimates. The Committee challenged the reasonableness of the assumptions used and reviewed the methodology to ensure the estimated fair value complied with accounting standards generally accepted in the United States.

Level 3 Reconciliation

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying statements of net assets available for benefits using significant unobservable (Level 3) inputs:

	Plan Interest in LORD Corporation Master Savings Trust
Balance, January 1, 2018	\$ 10,383,192
Realized Gains	112,634
Unrealized Gains Relating to Interest Still Held at the Reporting Date	2,601,624
Purchases	696,574
Sales	<u>(1,165,844)</u>
Balance, December 31, 2018	12,628,180
Realized Gains	19,829,990
Sales	<u>(32,458,170)</u>
Balance, December 31, 2019	<u><u>\$ -</u></u>

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2019 and 2018. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2019				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective Trust Funds	\$ 35,612,282	n/a	Daily	None
Pooled Separate Account	\$ 2,266,722	n/a	Daily	None
December 31, 2018				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective Trust Funds	\$ 10,010,044	n/a	Daily	None
Pooled Separate Account	\$ 2,136,926	n/a	Daily	None

NOTE G NONPARTICIPANT DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant directed investment is as follows:

	2019	2018
LORD Corporation Master Savings Trust	\$ -	\$ 12,628,180
	2019	2018
Change in Net Assets:		
Contributions, Non-Cash	\$ -	\$ 150,687
Change in Plan Interest in LORD Corporation Master Savings Trust	19,829,990	2,925,922
Benefits Paid to Participants	-	(283,432)
Transfers to Participant-Directed Investments	(32,458,170)	(882,411)
	\$ (12,628,180)	\$ 1,910,766

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE H INTEREST IN MASTER SAVINGS TRUST

A portion of the Plan's Investments were in the LORD Corporation Salaried, Hourly & Exempt Employee's Savings Trust ("LORD Corporation Master Savings Trust" or "the Trust"). The Trust was created for the purpose of receiving, holding, investing, and disbursing the assets of the employee savings plans sponsored by LORD Corporation. The assets of the Trust were held by PNC Bank, defined as the trustee of the LORD Corporation Master Savings Trust.

The sole investment of the Trust was shares of LORD Corporation Paired Class B Common Stock and Class C Preferred Stock, which was valued by an independent valuation specialist semi-annually and other dates at the Plan Administrator's discretion. Although the income, cost and market valuation approaches were considered, emphasis was placed on the market approach (guideline company methodology) with an adjustment for a discount for lack of marketability.

Dividends on LORD Corporation stock were deposited in cash to each participant's account with the same allocation mix as the participant directed contributions.

Investment income (loss) from the Trust was allocated among the individual participating plans based upon the shares of LORD Paired Class B Common Stock - Class C Preferred Stock allocated to each plan. The Trust was reported on a cash basis. All other changes in net assets available for benefits are specifically identified and are allocated to each plan. Accordingly, contributions, benefits paid to participants and transfers are all reflected on the financial statements for each plan.

Each participating plan's interest in the Trust was based on shares held at the beginning of the year plus shares for current year contributions and earnings less distributions. During 2019, all balances held in employer stock were liquidated due to the sale of the Company to Parker-Hannifin Corporation.

During 2019, the Plan adopted the Financial Accounting Standards Board Accounting Standards Update 2017-06, *Plan Accounting (Topics 960, 962, and 965): Employee Benefit Plan Master Trusts Reporting* (ASU 2017-06). Adoption of ASU 2017-06 did not result in any significant change to the presentation of the financial statements, and the related disclosures in the notes to the financial statements were modified in accordance with the guidance. The Plan implemented this standard using the retrospective method of adoption.

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

The following tables present the net assets of the Trust and the Plan's interest in those balances at December 31, 2018:

	2018	
	Master Savings Trust Balances	Plan's Interest in Master Savings Trust Balances
Investment, at Estimated Fair Value		
LORD Corporation Paired Class B Common Stock -		
Class C Preferred Stock	\$ 120,235,512	\$ 12,628,180

Investment income for the Trust during the years ended December 31, 2019 and 2018 is as follows:

	2019	2018
Net Appreciation in Fair Value of Investments	\$ 188,802,179	\$ 25,269,095
LORD Stock Dividend	-	2,014,224
Total Investment Income	\$ 188,802,179	\$ 27,283,319

NOTE I TRANSFER OF PLAN ASSETS

Assets of \$862 and \$23 were transferred from the Plan to other LORD Corporation plans during the years ended December 31, 2019 and 2018, respectively. These amounts are included as transfers on the statements of changes in net assets available for benefits.

NOTE J PLAN TERMINATION

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

NOTE K TAX STATUS

The IRS has determined and informed the Company by a letter dated October 30, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE L RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2019 and 2018, to Form 5500:

	<u>2019</u>	<u>2018</u>
Net Assets Available for Benefits per the Financial Statements	\$ 59,992,179	\$ 43,124,560
Less Deemed Notes Receivable from Participants Excluded for Form 5500 Reporting Purposes	<u>(3,727)</u>	<u>-</u>
Net Assets per Form 5500	<u>\$ 59,988,452</u>	<u>\$ 43,124,560</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the year ended December 31, 2019 and 2018, to Form 5500:

	<u>2019</u>
Net Increase per the Financial Statements	\$ 16,868,481
Less Current Year Deemed Notes Receivable from Participants Excluded for Form 5500 Reporting Purposes	<u>(3,726)</u>
Net Income (Loss) per Form 5500	<u>\$ 16,864,755</u>

NOTE M RISKS AND UNCERTAINTIES

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

NOTE N SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 1, 2021, which is the date the financial statements were available to be issued.

Adoption of Plan Amendments

Effective January 1, 2020, the Plan was amended to comply with the Setting Every Community Up for Retirement Enhancement (SECURE) Act to allow participants that have not attained age 70½ by January 1, 2020, to not begin receiving required minimum distributions until the attainment of age 72. No changes were made to participants who had already attained age 70½ by January 1, 2020.

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Effective January 1, 2020, the Plan was amended for distributions upon death after December 31, 2019, so that a participant's entire interest will be distributed to the designated beneficiary by December 31 of the calendar year containing the tenth anniversary of the participant's death, unless the designated beneficiary qualifies as an eligible designated beneficiary. An eligible designated beneficiary may receive distributions over the life of such designated beneficiary. If there is no designated beneficiary as of September 30 of the year following the year of the participant's death, the participant's entire interest will be distributed by December 31 of the calendar year containing the fifth anniversary of the participant's death.

Effective January 1, 2020, the Plan was amended for several provisions of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which included the following:

- No participant shall be required to receive a required minimum distribution from the Plan in 2020 or for the 2020 distribution calendar year with a required beginning date of April 1, 2021.
- For period of April 9, 2020 through December 30, 2020, the Plan allowed qualified individuals to take a coronavirus-related distribution up to \$100,000 in the aggregate from their vested account balance. The CARES Act also allows participants to repay this amount any time over a three-year period, waives the penalty for early withdrawal if not 59½ years of age, and allows the amount distributed to be included in the participant's taxable income over a three-year period.
- For period of May 1, 2020 through September 23, 2020, the Plan allowed qualified individuals to borrow up to the lesser of \$100,000 or a 100% of the present value of a participant's vested account balance.
- Effective April 20, 2020, the Plan allowed qualified individuals to request participant loan repayments scheduled to occur through December 31, 2020 be suspended for twelve months. Subsequent repayments of the loan shall be appropriately adjusted to reflect the delay and any interest accruing during the delay.

Plan Merger

Effective February 1, 2021, the Plan was merged with and into the Parker Retirement Savings Plan. In addition, this amendment included the following other provision changes:

- Effective as of the end of the day on December 31, 2020, participation in the Plan was frozen, all participants became fully vested in their account balances, and no further contributions were allowed to be made beginning on or after January 1, 2021.
- Effective January 1, 2021, all LORD employees became eligible to participate in the Parker Retirement Savings Plan.

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

- Beginning January 1, 2021, no new loans were permitted under the Plan. Any outstanding loan from the Plan shall remain in effect, and the unpaid principal and interest thereon shall be repaid pursuant to the Plan loan procedures and any agreement between the participant and the Plan, until the loan is paid in full or is rolled over to the Parker Retirement Savings Plan.
- Hardship distributions shall continue to be permitted under the Plan after December 31, 2020 pursuant to the Plan's hardship distribution provisions.
- The Plan was also amended to bring it into compliance with all new laws in effect at the time of the merger.

SUPPLEMENTAL INFORMATION

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
EIN 25-0626921 PN 004
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019

Identity of Issuer	Description of Investment	Cost	Current Value
<u>Money Market Funds</u>			
* Fidelity Investments	Fidelity Government Money Market Fund	** \$	6,620
<u>Mutual Funds</u>			
* Fidelity Investments	Fidelity International Index Fund	**	235,841
* Fidelity Investments	Fidelity Diversified International Fund - Class K	**	312,434
* Fidelity Investments	Fidelity U.S. Bond Index Fund	**	1,190,948
* Fidelity Investments	Fidelity 500 Index Fund	**	2,122,236
* Fidelity Investments	Fidelity Small Cap Index Fund	**	159,081
* Fidelity Investments	Fidelity Extended Market Index Fund	**	585,753
Oppenheimer Funds	Invesco Developing Markets Fund Class Y	**	258,961
Mass. Financial Services Co.	MFS Value Fund Class R4	**	2,453,610
Mass. Financial Services Co.	MFS International Intrinsic Value Fund Class R6	**	612,888
Mass. Financial Services Co.	MFS Mid Cap Value Fund Class R6	**	568,371
American Funds Fundamental Investors	American Funds Fundamental Investors Class R-4	**	2,089,098
American Funds Fundamental Investors	American Century Ultra Fund R6 Class	**	4,072,833
MassMutual	MassMutual Select Mid Cap Growth Fund Class I	**	554,203
Metropolitan West	Metropolitan West Total Return Bond Fund Plan Class	**	1,296,429
Goldman Sachs	Goldman Sachs Small Cap Value Fund Institutional Class	**	258,907
T Rowe Price	T. Rowe Price QM U.S. Small-Cap Growth Equity Fund	**	234,789
<u>Collective Trusts</u>			
J.P. Morgan Chase Bank, N.A.	JPMCB SmartRetirement Passive Blend Income Fund CF10	**	2,533,347
J.P. Morgan Chase Bank, N.A.	JPMCB SmartRetirement Passive Blend 2020 Fund CF10	**	7,197,227
J.P. Morgan Chase Bank, N.A.	JPMCB SmartRetirement Passive Blend 2025 Fund CF10	**	10,523,765
J.P. Morgan Chase Bank, N.A.	JPMCB SmartRetirement Passive Blend 2030 Fund CF10	**	3,598,889
J.P. Morgan Chase Bank, N.A.	JPMCB SmartRetirement Passive Blend 2035 Fund CF10	**	1,869,097
J.P. Morgan Chase Bank, N.A.	JPMCB SmartRetirement Passive Blend 2040 Fund CF10	**	4,711,374
J.P. Morgan Chase Bank, N.A.	JPMCB SmartRetirement Passive Blend 2045 Fund CF10	**	2,495,534
J.P. Morgan Chase Bank, N.A.	JPMCB SmartRetirement Passive Blend 2050 Fund CF10	**	1,898,196
J.P. Morgan Chase Bank, N.A.	JPMCB SmartRetirement Passive Blend 2055 Fund CF10	**	723,041
J.P. Morgan Chase Bank, N.A.	JPMCB SmartRetirement Passive Blend 2060 Fund CF10	**	61,812
<u>Pooled Separate Account</u>			
* New York Life Insurance Company	New York Life Anchor Pooled Separate Account No. 25	**	2,266,722
<u>Self-Directed Brokerage Account</u>			
* Fidelity Investments	Fidelity BrokerageLink Fund	**	3,620,009
<u>Notes Receivable from Participants</u>			
* Participant Loans	Various maturity dates through December 2024; interest rates from 5.50% to 7.75%	-	1,467,305
			<u>\$ 59,979,320</u>

* Party-in-interest

** Cost information is not required as investments are participant directed

LORD CORPORATION
ERIE HOURLY EMPLOYEES' SAVINGS PLAN
EIN 25-0626921 PN 004
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2019

Identity	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (ii) Single Transactions in Excess of 5% of Plan Net Assets</u>						
N/A	JPMCB SmartRetirement Passive Blend 2020 Fund CF10	\$ 9,909,783	\$ -	\$ -	\$ 9,909,783	\$ -
N/A	JPMCB SmartRetirement Passive Blend 2025 Fund CF10	9,696,895	-	-	9,696,895	-
N/A	JPMCB SmartRetirement Passive Blend 2030 Fund CF10	2,572,758	-	-	2,572,758	-
N/A	JPMCB SmartRetirement Passive Blend 2040 Fund CF10	3,496,416	-	-	3,496,416	-
N/A	JPMCB SmartRetirement Passive Blend 2045 Fund CF10	2,280,336	-	-	2,280,336	-
N/A	LORD Corporation Paired Class B Common Stock	-	32,458,170	3,712,403	32,458,170	28,745,767
<u>Category (iii) Series of Transactions in Excess of 5% of Plan Net Assets</u>						
N/A	JPMCB SmartRetirement Passive Blend 2020 Fund CF10	\$ -	\$ 4,661,276	\$ 4,531,178	\$ 4,661,276	\$ 130,098
N/A	JPMCB SmartRetirement Passive Blend 2030 Fund CF10	2,572,758	-	-	2,572,758	-
N/A	JPMCB SmartRetirement Passive Blend 2045 Fund CF10	2,282,011	-	-	2,282,011	-
N/A	JPMCB SmartRetirement Passive Blend 2020 Fund CF10	9,915,988	-	-	9,915,988	-
N/A	JPMCB SmartRetirement Passive Blend 2025 Fund CF10	-	3,708,996	3,667,587	3,708,996	41,409
N/A	LORD Corporation Paired Class B Common Stock	-	32,458,170	3,712,403	32,458,170	28,745,767
N/A	JPMCB SmartRetirement Passive Blend 2025 Fund CF10	10,386,979	-	-	10,386,979	-
N/A	JPMCB SmartRetirement Passive Blend 2040 Fund CF10	3,518,766	-	-	3,518,766	-

See

Audited Financial

Statements

For

Schedule of Reportable Transactions

(Schedule H 4j)

See

Audited Financial

Statements

For

Schedule of Assets Held

(Schedule H 4i)