

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>10/01/2019</u> and ending <u>09/30/2020</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>KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME 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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1988</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>10/01/1988</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>10/01/1988</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>KOROSEAL INTERIOR PRODUCTS, LLC</u> <u>3875 EMBASSY PARKWAY, SUITE 110</u> <u>FAIRLAWN, OH 44333-8344</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>46-4864607</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>330-668-7600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>46-4864607</u>	2c Plan Sponsor's telephone number <u>330-668-7600</u>	2d Business code (see instructions) <u>326100</u>	
2b Employer Identification Number (EIN) <u>46-4864607</u>					
2c Plan Sponsor's telephone number <u>330-668-7600</u>					
2d Business code (see instructions) <u>326100</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.	07/15/2021	JENNIFER AUBLEY
	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	5 720
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) 131 6a(2) 118 6b 236 6c 325 6d 679 6e 34 6f 713 6g 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:

1B 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020

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

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

A Name of plan <u>KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KOROSEAL INTERIOR PRODUCTS, LLC</u>	D Employer Identification Number (EIN) <u>46-4864607</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>28112521</u>
b Actuarial value	2b <u>28671655</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>270</u> (2) Vested Funding Target <u>18641497</u> (3) Total Funding Target <u>18641497</u>
b For terminated vested participants.....	<u>325</u> <u>10029737</u> <u>10029737</u>
c For active participants	<u>118</u> <u>3516160</u> <u>3765778</u>
d Total.....	<u>713</u> <u>32187394</u> <u>32437012</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.50</u> %
6 Target normal cost.....	6 <u>497250</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary <u>JEFFREY A. SCHAPPEL, EA, FCA, MAAA</u>	<u>06/21/2021</u>
Type or print name of actuary <u>CBIZ RETIREMENT PLAN SERVICES INC</u>	Date <u>20-07786</u>
Firm name <u>6050 OAK TREE BLVD S, SUITE 500 CLEVELAND, OH 44131</u>	Most recent enrollment number <u>216-447-9000</u>
Address of the firm	Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2019 v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>2.75</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		67
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.69</u> %		4
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		71
d Portion of (c) to be added to prefunding balance		71
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	71

Part III Funding Percentages

14 Funding target attainment percentage	14	88.39 %
15 Adjusted funding target attainment percentage	15	88.39 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.54 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2020	247250	0			
04/15/2020	247250	0			
07/15/2020	247250	0			
10/15/2020	247250	0			
Totals ▶			18(b)	989000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	954574

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	497250	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	3765428		348143
b Waiver amortization installment			0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	845393	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	845393	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	954574	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	109181	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE 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 10/01/2019 and ending 09/30/2020		
A Name of plan KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 002	
C Plan sponsor's name as shown on line 2a of Form 5500 KOROSEAL INTERIOR PRODUCTS, LLC	D Employer Identification Number (EIN) 46-4864607	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

CBIZ RETIREMENT PLAN SERVICES

34-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	N/A	32949	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAYMOND JAMES

880 CARILLON PARKWAY
ST PETERSBURG, FL 33716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	N/A	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEY TRUST COMPANY OF OHIO

34-1784820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	N/A	20750	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)

BOBER, MARKEY, FEDOROVICH & COMPANY

34-1523030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	N/A	11600	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 10/01/2019 and ending 09/30/2020		
A Name of plan KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 KOROSEAL INTERIOR PRODUCTS, LLC	D Employer Identification Number (EIN) 46-4864607	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	367341	247250
	(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)	317861	1062065
	(2) U.S. Government securities	1c(2)	0	
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	27433597	27791831
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(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	28118799 29101146
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	32385 32385
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	32385 32385
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	28086414 29068761

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)	989000
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	989000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2189
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	2189
(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)	986791
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	986791
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1344349
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3322329

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1803037	
(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)		1803037
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	43519	
(2) Contract administrator fees	2i(2)	20628	
(3) Investment advisory and management fees	2i(3)	30000	
(4) Other	2i(4)	442798	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		536945
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2339982

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		982347
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **BOBER, MARKEY, FEDOROVIC & COMPANY**

(2) EIN: **34-1523030**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4290341. (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 10/01/2019 and ending 09/30/2020		
A Name of plan KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 KOROSEAL INTERIOR PRODUCTS, LLC		D Employer Identification Number (EIN) 46-4864607
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
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): 34-1972450		
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 0
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 _____

KOROSEAL INTERIOR PRODUCTS
RETIREMENT INCOME PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

September 30, 2020 and 2019

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
ANNUAL REPORT INDEX

The following financial statements of the Koroseal Interior Products Retirement Income Plan are included herewith:

- Statements of Net Assets Available for Benefits as of September 30, 2020 and 2019
- Statements of Changes in Net Assets Available for Benefits for the years ended September 30, 2020 and 2019
- Notes to Financial Statements

The following supplemental schedules of the Koroseal Interior Products Retirement Income Plan are included in the Annual Report of the Plan on Form 5500 filed with the Department of Labor as of September 30, 2020:

- Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
- Schedule H, Line 4j – Schedule of Reportable Transactions

All other supplemental schedules and notes for which provision is made in the applicable rules and regulations of the Department of Labor Regulations are not required under the related instructions or are inapplicable and, therefore, have been omitted.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN

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INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants of
Koroseal Interior Products Retirement Income Plan
Fairlawn, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Koroseal Interior Products Retirement Income Plan (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by KeyBank National Association, the Trustee of the Plan, except for comparing the information with the related information included in the 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 years ended September 30, 2020 and 2019, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of September 30, 2020 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended September 30, 2020, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

July 15, 2021

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
Investments, at fair value	\$ 28,853,896	\$ 27,751,458
Employer contribution receivable	247,250	367,341
TOTAL ASSETS	<u>29,101,146</u>	<u>28,118,799</u>
LIABILITIES		
Accrued fees and expenses	<u>32,385</u>	<u>32,385</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 29,068,761</u></u>	<u><u>\$ 28,086,414</u></u>

The accompanying notes are an integral part of these financial statements.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended September 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ADDITIONS:		
Employer contributions	\$ 989,000	\$ 1,034,916
Dividends and interest	988,980	1,108,483
TOTAL ADDITIONS	<u>1,977,980</u>	<u>2,143,399</u>
DEDUCTIONS:		
Benefit payments to participants	1,803,037	1,670,357
Administrative fees and expenses	<u>536,945</u>	<u>537,224</u>
TOTAL DEDUCTIONS	<u>2,339,982</u>	<u>2,207,581</u>
NET APPRECIATION (DEPRECIATION) IN FAIR VALUE OF INVESTMENTS	1,344,349	(339,347)
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	982,347	(403,529)
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	<u>28,086,414</u>	<u>28,489,943</u>
END OF YEAR	<u><u>\$ 29,068,761</u></u>	<u><u>\$ 28,086,414</u></u>

The accompanying notes are an integral part of these financial statements.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2020 and 2019

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Koroseal Interior Products Retirement Income Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit, noncontributory pension plan originally established by Koroseal Interior Products, LLC (the "Company") effective October 1, 1988, for the employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective June 1, 2009, the Plan was frozen and participants no longer accrue benefits under the Plan after May 31, 2009.

Contributions

It is the Company's intention to make annual contributions to the Plan in an amount that at least meets the minimum funding provisions of ERISA. Minimum required contributions of approximately \$845,400 and \$989,000 were required for the Plan years ended September 30, 2020 and 2019, respectively, and were met by the Company.

Payment of Benefits

The Plan provides for normal retirement benefits at age 65, early retirement benefits at age 62, surviving spouse death benefits, and disability benefits, as defined in the Plan.

Plan Costs

All legal, actuarial and other administrative expenses, including Pension Benefit Guaranty Corporation ("PBGC") premiums, are paid by the Company or from the Plan assets, as directed by the Company.

Plan Termination

The Company has the right under the Plan, in certain circumstances, to discontinue their contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations there under, and the Plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2020 and 2019

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Information about the Plan, including present and future benefits, vesting and PBGC benefit guarantee provisions is contained in a summary document available from the Company.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America. The accounting records of the Plan are on an accrual basis.

Valuation of Investments

The Plan's investments are held by KeyBank National Association ("Trustee") as of and for the years ended September 30, 2020 and 2019. The investments are valued at fair value in accordance with the Fair Value Measurements Topic of the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC").

Investment income consists of interest and dividend income. The net appreciation in the fair value of investments consists of realized gains or losses and the unrealized appreciation on those investments. Dividend income is accrued on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported based on historical cost.

Fair Value Measurements

Fair value estimates are made at a specific point in time based on relevant market information about the financial instrument. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could significantly affect the estimates.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the participants to the valuation date (beginning of the plan year). Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent they are deemed attributable to participant service rendered to the valuation date (beginning of the year).

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2020 and 2019

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of the financial statements and footnote disclosures requires management to make estimates and assumptions that affect the reported amount of assets and liabilities at the date of the financial statements and the reported amount of additions and deductions to net assets available for benefits during the period. Although management believes such estimates and assumptions are reasonable, actual results could differ from those estimates.

Subsequent Events

The Plan has evaluated subsequent events through July 15, 2021, the date the financial statements were available to be issued.

For the Plan year ending September 30, 2020, the Plan Sponsor elected to apply Section 9705 of the American Rescue Plan Act (ARPA-12), pertaining to the 15-year amortization of the Plan's funding shortfall. This election reduced the minimum required contributions made to the Plan for the year ending September 30, 2020, and related assumptions are included in the actuarial present value of accumulated plan benefits.

NOTE 3 - INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, all investment information applicable at the Plan level is certified complete and accurate or derived from information certified complete and accurate by the Trustee as of and for the years ended September 30, 2020 and 2019. As of September 30, 2020, the fair value of the investments and cash held was \$28,853,896 with related net appreciation of \$1,344,349 and dividends and interest of \$988,980 for the year then ended. As of September 30, 2019, the fair value of investments was \$27,751,456 with related net (depreciation) of \$(339,347) and dividends and interest of \$1,108,483 for the year then ended.

NOTE 4 - FAIR VALUE MEASUREMENTS

Fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, the Plan uses a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

- Level 1 – Observable inputs such as quoted prices in active markets;
- Level 2 – Inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2020 and 2019

- Level 3 – Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions

Assets measured at fair value on a recurring basis as of September 30, 2020 and 2019 are as follows:

- Mutual funds: Valued at the closing price reported on the active market.
- Money market funds: Valued at the net asset value of shares held by the Plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of September 30:

2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 27,791,831	\$ -	\$ -	\$ 27,791,831
Money market funds	-	1,062,065	-	1,062,065
Total investments at fair value	<u>27,791,831</u>	<u>1,062,065</u>	<u>-</u>	<u>28,853,896</u>

2019				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 27,433,597	\$ -	\$ -	\$ 27,433,597
Money market funds	-	317,861	-	317,861
Total investments at fair value	<u>27,433,597</u>	<u>317,861</u>	<u>-</u>	<u>27,751,458</u>

NOTE 5 - ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits were estimated by the Plan's actuary, CBIZ Retirement Plan Services, based on personnel information provided by the Company. The actuary estimates the actuarial present value of accumulated plan benefits which is to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment such as for death, disability, withdrawal or retirement between the valuation date and the expected dates of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2020 and 2019

The actuarial present value of accumulated plan benefits as of October 1, 2019 and 2018 is as follows (rounded to the nearest hundred):

	October 1,	
	2019	2018
Vested benefits		
Participants currently receiving payments	\$ 17,431,300	\$ 16,085,500
Other participants	12,588,900	13,376,500
Total vested benefits	30,020,200	29,462,000
Nonvested benefits	221,000	260,400
Total actuarial present value of accumulated plan benefits	<u>\$ 30,241,200</u>	<u>\$ 29,722,400</u>

The changes in the actuarial present value of accumulated plan benefits from the previous benefit information date were as follows (rounded to the nearest hundred):

	For the Year Ended October 1, 2019	For the Year Ended October 1, 2018
Actuarial present value of accumulated plan benefits - beginning of year	\$ 29,722,300	\$ 29,332,300
Increase (decrease) during the year attributable to:		
Actuarial assumption changes	892,800	-
Actuarial gains and losses, net	(581,200)	83,700
Change in the discount period (interest cost)	1,877,700	1,856,200
Benefits paid	(1,670,400)	(1,549,900)
Actuarial present value of accumulated plan benefits - end of year	<u>\$ 30,241,200</u>	<u>\$ 29,722,300</u>

The actuarial cost method used by the actuary to determine the liabilities for minimum funding calculations is the Traditional Unit Credit method. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants. There is no normal cost attributable to benefit accruals under this method as the Plan is frozen.

The actuarial cost method used to determine the liabilities for maximum deductible calculations is the Projected Unit Credit method. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for all participants (both defined within the actuarial valuation report).

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2020 and 2019

Valuation interest rates applied to the Plan by the actuary consisted of three segment rates, or interest rates, that apply to benefits paid during three time periods:

- Segment I: Payments expected to be due within five years
- Segment II: Payments expected to be due within five to twenty years
- Segment III: Payments expected to be due after twenty years

Significant assumptions underlying the actuarial computations are as follows:

Assumption	October 1, 2019		October 1, 2018	
	24-Month Segment Rates (A)		24-Month Segment Rates (A)	
	Unadjusted	Limited to 25-Year Rate	Unadjusted	Limited to 25-Year Rate
Valuation Interest Rates				
Segment I	2.74%	3.74%	2.07%	3.92%
Segment II	3.96%	5.35%	3.70%	5.52%
Segment III	4.44%	6.11%	4.43%	6.29%

Mortality and Disability

The mortality and disability assumptions were updated in 2019 for the most recent IRS prescribed mortality with separate annuitant and non-annuitant rates, for males and females, which was the RP-2014 Employee and Healthy Annuitant Mortality Tables, with Generational Projection Scale MP-2019, for males and females. The mortality and disability assumption for 2017 used the RP-2014 Employee and Healthy Annuitant Mortality Tables, with Generational Projection Scale MP-208 for males and females.

Discount Rates

The discount rate used to determine present value of accumulated plan benefits was 6.50% in 2019 and 2018.

Retirement Age

In 2019 and 2018, active participants were assumed to be retire at the following rates:

Age	Rates
62	5%
63	2%
64	2%
65-70	100%

Additional assumptions used in the actuarial computations include inflation, marital withdrawal and disability rate assumptions. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2020 and 2019

NOTE 6 - TAX STATUS

The IRS has determined and informed the Plan by a letter dated June 22, 2012, that the Plan is qualified in accordance with the applicable regulations of the Internal Revenue Code ("IRC"), and the trust established with the Plan constitutes a qualified trust and is exempt from federal income taxes.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Company has analyzed the tax positions taken by the Plan, and has concluded that as of and for the years ended September 30, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

NOTE 7 - PARTY-IN-INTEREST

Party-in-interest transactions include purchases and sales of investments through the Plan's Trustee and the payment of services and expenses.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER NO. 46-4864607
PLAN NO. 002
September 30, 2020

(a)	(b)	(c)	(d)	(e)
Identify of issue, borrower, lessor or similar party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value	
FEDERATED GOVERNMENT OBLIGATIONS	Money Market Fund	\$ 1,062,133	\$ 1,062,065	
DODGE & COX INCOME FD	Mutual Fund	2,665,535	2,824,914	
AMERICAN EUROPACIFIC GROWTH FUND	Mutual Fund	1,180,405	1,219,876	
ISHARES CORE S&P 500 ETF	Mutual Fund	2,197,129	2,701,250	
ISHARES CORE US AGGREGATE BOND ETF	Mutual Fund	1,284,617	1,389,330	
ISHARES MSCI EAFE INDEX FUND	Mutual Fund	1,244,848	1,156,902	
ISHARES RUSSELL MIDCAP INDEX FD	Mutual Fund	2,692,219	2,968,554	
ISHARES RUSSELL 2000 INDEX FUND	Mutual Fund	2,276,017	2,325,789	
JPMORGAN US EQUITY FUND	Mutual Fund	2,587,819	2,752,014	
TEMPLETON GLOBAL BOND FUND	Mutual Fund	926	757	
INVESCO DEVELOPING MARKETS FUND	Mutual Fund	584,081	629,935	
VICTORY TRIVALENT INTL SMALL-CAP FUND	Mutual Fund	637,775	643,895	
PRINCIPAL GLOBAL REAL ESTATE SECURITIES	Mutual Fund	632,754	583,703	
LSV VALUE EQUITY FUND	Mutual Fund	2,979,171	2,300,014	
WESTERN ASSET TOT RET UNCONSTRAINED FD	Mutual Fund	876,024	860,675	
T ROWE PRICE BLUE CHIP GROWTH FUND	Mutual Fund	1,597,931	2,523,131	
PRINCIPAL SPECTRUM PREF CAP SEC	Mutual Fund	596,526	583,472	
GATEWAY FUND	Mutual Fund	561,332	582,184	
PGIM HIGH YIELD FUND	Mutual Fund	1,777,493	1,745,436	
		<u>26,372,602</u>	<u>27,791,831</u>	
Total assets held for investment purposes		<u>\$ 27,434,735</u>	<u>\$ 28,853,896</u>	

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

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended September 30, 2020
EMPLOYER NO. 46-4864607
PLAN NO. 002

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SINGLE TRANSACTIONS:								
Federated Government Obligations Institutional Shares	Money Market Fund	\$ 3,387,303	N/A	N/A	N/A	\$ 3,387,303	\$ 3,387,303	\$ -
Federated Government Obligations Institutional Shares	Money Market Fund	N/A	\$ 2,074,391	N/A	N/A	\$ 2,074,391	\$ 2,074,391	\$ -
SERIES OF TRANSACTIONS:								
Federated Government Obligations Institutional Shares	Money Market Fund 34 purchases	\$ 4,712,995	N/A	N/A	N/A	\$ 4,712,995	\$ 4,712,995	\$ -
Federated Government Obligations Institutional Shares	Money Market Fund 46 sales	N/A	\$ 3,968,460	N/A	N/A	\$ 3,968,460	\$ 3,968,460	\$ -

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

For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020

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

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

A Name of plan Koroseal Interior Products Retirement Income Plan	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Koroseal Interior Products, LLC	D Employer Identification Number (EIN) 46-4864607
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2019			
2 Assets:			
a Market value.....	2a	28,112,521	
b Actuarial value	2b	28,671,655	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	270	18,641,497	18,641,497
b For terminated vested participants	325	10,029,737	10,029,737
c For active participants	118	3,516,160	3,765,778
d Total	713	32,187,394	32,437,012
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	5.50%	
6 Target normal cost	6	497,250	

Statement by Enrolled Actuary

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

SIGN HERE	Jeffrey A. Schapel 	06/21/2021
Signature of actuary		Date
JEFFREY A. SCHAPPEL, EA, FCA, MAAA		2007786
Type or print name of actuary		Most recent enrollment number
CBIZ RETIREMENT PLAN SERVICES		216-447-9000
Firm name		Telephone number (including area code)
6050 OAK TREE BLVD S SUITE 500 CLEVELAND OH 44131		
Address of the firm		

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

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

Schedule SB (Form 5500) 2019
v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>2.75%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		67
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.69%</u>		4
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		71
d Portion of (c) to be added to prefunding balance.....		71
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	71

Part III Funding Percentages

14 Funding target attainment percentage	14	88.39%
15 Adjusted funding target attainment percentage.....	15	88.39%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.54%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2020	247,250	0			
04/15/2020	247,250	0			
07/15/2020	247,250	0			
10/15/2020	247,250	0			
Totals ►			18(b)	989,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	954,574

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	497,250										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>3,765,428</td> <td>348,143</td> </tr> <tr> <td>b Waiver amortization installment</td> <td></td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	3,765,428	348,143	b Waiver amortization installment		0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	3,765,428	348,143										
b Waiver amortization installment		0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	845,393										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....		0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	845,393										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	954,574										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	109,181										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

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



Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2019 - September 30, 2020

5% Report by Asset - Single Transaction

Valuation: \$27,751,196.20

Threshold: \$1,387,559.81

Base Currency: USD

Tran Type Settle Date	Asset Description	Asset Number Units/Par Portfolio Number	Purchase Cost/ Sale Proceeds	Broker Commission Other Expense	Book Value	Previous Annual Market	Net Gain/Loss on Market
Purchase 07/15/2020	FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	3140000V3 3,387,303.0000 0518440.1	3,387,303.00	0.00 0.00	3,387,303.00	3,387,303.00	0.00
Sale 07/16/2020	FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	3140000V3 -2,074,390.7600 0518440.1	2,074,390.76	0.00 0.00	-2,074,390.76	-2,074,390.76	0.00

End of Schedule





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2019 - September 30, 2020

5% Report by Asset - Aggregate Transactions

Valuation: \$27,751,196.20

Threshold: \$1,387,559.81

Base Currency: USD

Asset Number	Asset Description	Purchase Cost/ Sale Proceeds	Broker			Previous	Net Gain/Loss
Tran Type	Settle Dt	Units/Par	Commission	Other Expense	Book Value	Annual Market	on Market
3140000V3		FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES					
Sale	10/01/2019	-143,391.0200	143,391.02	0.00	0.00	-143,391.02	0.00
Sale	10/03/2019	-617.5100	617.51	0.00	0.00	-617.51	0.00
Sale	10/04/2019	-7,500.0000	7,500.00	0.00	0.00	-7,500.00	0.00
Purchase	10/07/2019	3,101.9100	3,101.91	0.00	0.00	3,101.91	0.00
Purchase	10/11/2019	461.7100	461.71	0.00	0.00	461.71	0.00
Purchase	10/15/2019	222,525.0000	222,525.00	0.00	0.00	222,525.00	0.00
Sale	10/16/2019	-1,926.7000	1,926.70	0.00	0.00	-1,926.70	0.00
Sale	10/17/2019	-4,893.8400	4,893.84	0.00	0.00	-4,893.84	0.00
Sale	11/01/2019	-144,561.9300	144,561.93	0.00	0.00	-144,561.93	0.00
Sale	11/04/2019	-771.3600	771.36	0.00	0.00	-771.36	0.00
Purchase	11/07/2019	3,054.3400	3,054.34	0.00	0.00	3,054.34	0.00
Sale	11/12/2019	-5,100.0000	5,100.00	0.00	0.00	-5,100.00	0.00
Sale	11/13/2019	-550.9600	550.96	0.00	0.00	-550.96	0.00
Sale	11/14/2019	-342.8600	342.86	0.00	0.00	-342.86	0.00
Purchase	11/19/2019	356.1100	356.11	0.00	0.00	356.11	0.00
Sale	11/20/2019	-356.1100	356.11	0.00	0.00	-356.11	0.00
Sale	11/21/2019	-400.9600	400.96	0.00	0.00	-400.96	0.00
Sale	11/27/2019	-275.1800	275.18	0.00	0.00	-275.18	0.00
Purchase	11/29/2019	30.6000	30.60	0.00	0.00	30.60	0.00
Sale	12/02/2019	-146,069.4300	146,069.43	0.00	0.00	-146,069.43	0.00
Purchase	12/06/2019	2,985.5300	2,985.53	0.00	0.00	2,985.53	0.00
Sale	12/09/2019	-1,600.0000	1,600.00	0.00	0.00	-1,600.00	0.00
Sale	12/12/2019	-202.5600	202.56	0.00	0.00	-202.56	0.00
Purchase	12/20/2019	39,550.8500	39,550.85	0.00	0.00	39,550.85	0.00
Purchase	12/26/2019	2,314.7900	2,314.79	0.00	0.00	2,314.79	0.00
Purchase	12/30/2019	213,000.0000	213,000.00	0.00	0.00	213,000.00	0.00





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440

October 01, 2019 - September 30, 2020

5% Report by Asset - Aggregate Transactions (Continued)

Valuation: \$27,751,196.20

Threshold: \$1,387,559.81

Base Currency: USD

Asset Number	Asset Description	Purchase Cost/ Sale Proceeds	Broker Commission	Other Expense	Book Value	Previous Annual Market	Net Gain/Loss on Market
Tran Type	Settle Dt	Units/Par					
3140000V3		FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES					
Purchase	12/31/2019	86,888.1600	86,888.16	0.00	86,888.16	86,888.16	0.00
Sale	01/02/2020	-147,563.7700	147,563.77	0.00	-147,563.77	-147,563.77	0.00
Sale	01/06/2020	-7,500.0000	7,500.00	0.00	-7,500.00	-7,500.00	0.00
Sale	01/10/2020	-1,600.0000	1,600.00	0.00	-1,600.00	-1,600.00	0.00
Purchase	01/15/2020	247,250.0000	247,250.00	0.00	247,250.00	247,250.00	0.00
Purchase	01/21/2020	168.5700	168.57	0.00	168.57	168.57	0.00
Purchase	01/23/2020	16.1200	16.12	0.00	16.12	16.12	0.00
Sale	02/03/2020	-147,033.6500	147,033.65	0.00	-147,033.65	-147,033.65	0.00
Sale	02/06/2020	-337.1400	337.14	0.00	-337.14	-337.14	0.00
Purchase	02/07/2020	2,925.4800	2,925.48	0.00	2,925.48	2,925.48	0.00
Sale	02/12/2020	-2,750.0000	2,750.00	0.00	-2,750.00	-2,750.00	0.00
Sale	02/18/2020	-106.5000	106.50	0.00	-106.50	-106.50	0.00
Sale	02/19/2020	-1,600.0000	1,600.00	0.00	-1,600.00	-1,600.00	0.00
Sale	03/02/2020	-147,130.9100	147,130.91	0.00	-147,130.91	-147,130.91	0.00
Purchase	03/06/2020	2,872.6300	2,872.63	0.00	2,872.63	2,872.63	0.00
Sale	03/17/2020	-10,055.5300	10,055.53	0.00	-10,055.53	-10,055.53	0.00
Sale	03/23/2020	-1,600.0000	1,600.00	0.00	-1,600.00	-1,600.00	0.00
Purchase	03/31/2020	25,036.3500	25,036.35	0.00	25,036.35	25,036.35	0.00
Sale	04/01/2020	-149,465.5400	149,465.54	0.00	-149,465.54	-149,465.54	0.00
Sale	04/03/2020	-7,500.0000	7,500.00	0.00	-7,500.00	-7,500.00	0.00
Purchase	04/07/2020	2,988.6400	2,988.64	0.00	2,988.64	2,988.64	0.00
Purchase	04/15/2020	247,250.0000	247,250.00	0.00	247,250.00	247,250.00	0.00
Sale	04/17/2020	-1,600.0000	1,600.00	0.00	-1,600.00	-1,600.00	0.00
Purchase	04/30/2020	161.0200	161.02	0.00	161.02	161.02	0.00
Sale	05/01/2020	-147,982.1200	147,982.12	0.00	-147,982.12	-147,982.12	0.00





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2019 - September 30, 2020

5% Report by Asset - Aggregate Transactions (Continued)

Valuation: \$27,751,196.20

Threshold: \$1,387,559.81

Base Currency: USD

Asset Number	Asset Description	Purchase Cost/ Sale Proceeds	Broker Commission	Other Expense	Book Value	Previous Annual Market	Net Gain/Loss on Market
Tran Type	Settle Dt	Units/Par					
3140000V3		FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES					
Sale	05/04/2020	-161.0200	161.02	0.00	-161.02	-161.02	0.00
Purchase	05/05/2020	62.0900	62.09	0.00	62.09	62.09	0.00
Purchase	05/07/2020	2,839.8200	2,839.82	0.00	2,839.82	2,839.82	0.00
Sale	05/11/2020	-4,350.0000	4,350.00	0.00	-4,350.00	-4,350.00	0.00
Purchase	05/15/2020	365.2800	365.28	0.00	365.28	365.28	0.00
Sale	06/01/2020	-147,574.5300	147,574.53	0.00	-147,574.53	-147,574.53	0.00
Sale	06/02/2020	-322.0400	322.04	0.00	-322.04	-322.04	0.00
Purchase	06/05/2020	2,567.0700	2,567.07	0.00	2,567.07	2,567.07	0.00
Sale	06/08/2020	-1,600.0000	1,600.00	0.00	-1,600.00	-1,600.00	0.00
Purchase	06/09/2020	205.6400	205.64	0.00	205.64	205.64	0.00
Sale	06/12/2020	-5,483.3500	5,483.35	0.00	-5,483.35	-5,483.35	0.00
Purchase	06/15/2020	143,816.0000	143,816.00	0.00	143,816.00	143,816.00	0.00
Purchase	06/19/2020	32,224.1900	32,224.19	0.00	32,224.19	32,224.19	0.00
Sale	07/01/2020	-150,482.1100	150,482.11	0.00	-150,482.11	-150,482.11	0.00
Sale	07/02/2020	-14,603.8400	14,603.84	0.00	-14,603.84	-14,603.84	0.00
Purchase	07/08/2020	2,678.3900	2,678.39	0.00	2,678.39	2,678.39	0.00
Sale	07/10/2020	-1,600.0000	1,600.00	0.00	-1,600.00	-1,600.00	0.00
Purchase	07/14/2020	1,000.0000	1,000.00	0.00	1,000.00	1,000.00	0.00
Purchase	07/15/2020	3,387,303.0000	3,387,303.00	0.00	3,387,303.00	3,387,303.00	0.00
Sale	07/16/2020	-2,074,390.7600	2,074,390.76	0.00	-2,074,390.76	-2,074,390.76	0.00
Sale	08/03/2020	-154,086.2800	154,086.28	0.00	-154,086.28	-154,086.28	0.00
Purchase	08/07/2020	2,440.2900	2,440.29	0.00	2,440.29	2,440.29	0.00
Sale	08/14/2020	-4,350.0000	4,350.00	0.00	-4,350.00	-4,350.00	0.00
Sale	09/01/2020	-162,902.1400	162,902.14	0.00	-162,902.14	-162,902.14	0.00
Purchase	09/08/2020	2,297.3700	2,297.37	0.00	2,297.37	2,297.37	0.00





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2019 - September 30, 2020

5% Report by Asset - Aggregate Transactions (Continued)

Valuation: \$27,751,196.20

Threshold: \$1,387,559.81

Base Currency: USD

Asset Number	Asset Description	Purchase Cost/	Broker			Previous	Net Gain/Loss	
Tran Type	Settle Dt	Units/Par	Commission	Other Expense	Book Value	Annual Market	on Market	
3140000V3		FEDERATED GOVERNMENT OBLIGATIONS						
		INSTITUTIONAL SHARES						
Purchase	09/16/2020	115.3600	115.36	0.00	0.00	115.36	115.36	0.00
Sale	09/18/2020	-2,568.7500	2,568.75	0.00	0.00	-2,568.75	-2,568.75	0.00
Sale	09/25/2020	-11,600.0000	11,600.00	0.00	0.00	-11,600.00	-11,600.00	0.00
Purchase	09/29/2020	32,142.2000	32,142.20	0.00	0.00	32,142.20	32,142.20	0.00

46 Issue Sales

34 Issue Purchases

End of Schedule





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2019 - September 30, 2020

Detailed Schedule of Holdings - Principal Assets

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Equity						
Mutual Funds						
ISHARES CORE S&P 500 ETF CLOSED-END FUND 0518440.1	464287200 1.76% 8,038.0000	336.060 2,701,250.28	Level2 9.36%	 273.34 0.00	2,197,129.19 2,417,492.51	504,121.09 283,757.77
ISHARES RUSSELL 2000 INDEX FUND CLOSED-END FUND 0518440.1	464287655 1.37% 15,527.0000	149.790 2,325,789.33	Level2 8.06%	 146.58 0.00	2,276,016.60 2,267,636.83	49,772.73 58,152.50
ISHARES RUSSELL MIDCAP INDEX FD CLOSED-END FUND 0518440.1	464287499 1.59% 51,735.0000	57.380 2,968,554.30	Level2 10.29%	 52.04 0.00	2,692,218.72 2,866,408.85	276,335.58 102,145.45
JPMORGAN US EQUITY FUND OPEN-END FUND CL R6 0518440.1	48121L817 1.05% 154,001.8920	17.870 2,752,013.81	Level2 9.54%	 16.80 0.00	2,587,819.22 2,468,598.35	164,194.59 283,415.46
LSV VALUE EQUITY FUND OPEN-END FUND 0518440.1	00758M634 2.62% 102,177.4510	22.510 2,300,014.42	Level2 7.97%	 29.16 0.00	2,979,171.25 2,653,607.36	-679,156.83 -353,592.94
T ROWE PRICE BLUE CHIP GROWTH FUND OPEN-END FUND CL I 0518440.1	77954Q403 0.17% 16,259.3830	155.180 2,523,131.05	Level2 8.74%	 98.28 0.00	1,597,930.90 1,860,319.34	925,200.15 662,811.71
Total Mutual Funds		15,570,753.19	53.96%	N/A 0.00	14,330,285.88 14,534,063.24	1,240,467.31 1,036,689.95
Non-US Mutual Funds						
AMERICAN EUROPACIFIC GROWTH FUND OPEN-END FUND CL R6	298706821 1.19%	58.010	Level2			





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2019 - September 30, 2020

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
0518440.1	21,028.7240	1,219,876.28	4.23%	56.13 0.00	1,180,405.07 1,095,391.60	39,471.21 124,484.68
INVESCO DEVELOPING MARKETS FUND CLASS R6	00143W859 0.70%	45.070	Level2			
0518440.1	13,976.8050	629,934.60	2.18%	41.79 0.00	584,081.12 585,733.66	45,853.48 44,200.94
ISHARES MSCI EAFE INDEX FUND CLOSED-END FUND	464287465 2.57%	63.650	Level2			
0518440.1	18,176.0000	1,156,902.40	4.01%	68.49 0.00	1,244,847.85 1,175,208.96	-87,945.45 -18,306.56
VICTORY TRIVALENT INTL SMALL-CAP FUND OPEN-END FUND CL I	92647K309 1.95%	14.540	Level2			
0518440.1	44,284.4170	643,895.42	2.23%	14.40 0.00	637,774.80 584,420.37	6,120.62 59,475.05
Total Non-US Mutual Funds		3,650,608.70	12.65%	N/A 0.00	3,647,108.84 3,440,754.59	3,499.86 209,854.11
Total Equity		19,221,361.89	66.62%	N/A 0.00	17,977,394.72 17,974,817.83	1,243,967.17 1,246,544.06
Fixed Income Mutual Funds						
DODGE & COX INCOME FD OPEN-END FUND MUTUAL FUND	256210105 2.57%	14.660	Level2			
0518440.1	192,695.3560	2,824,913.92	9.79%	13.83 0.00	2,665,534.98 2,715,100.63	159,378.94 109,813.29
ISHARES CORE US AGGREGATE BOND ETF CLOSED-END FUND	464287226 2.28%	118.060	Level2			
0518440.1	11,768.0000	1,389,330.08	4.82%	109.16 0.00	1,284,616.69 1,331,784.56	104,713.39 57,545.52





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2019 - September 30, 2020

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
PGIM HIGH YIELD FUND OPEN-END FUND CL R6 0518440.1	74440Y884 6.40% 329,327.5580	5.300 1,745,436.06	Level2 6.05%	 5.40 0.00	1,777,492.91 1,776,662.35	-32,056.85 -31,226.29
PRINCIPAL SPECTRUM PREF CAP SEC INCOME FD 0518440.1	74256W485 4.82% 57,541.5910	10.140 583,471.73	Level n/a 2.02%	10.37 0.00	596,525.71 590,275.62	-13,053.98 -6,803.89
Total Mutual Funds		6,543,151.79	22.68%	N/A 0.00	6,324,170.29 6,413,823.16	218,981.50 129,328.63
Non-US Mutual Funds						
TEMPLETON GLOBAL BOND FUND OPEN-END FUND CL R6 0518440.1	880208772 5.74% 77.3540	9.790 757.30	Level2 0.00%	11.97 0.00	925.81 825.84	-168.51 -68.54
Total Non-US Mutual Funds		757.30	0.00%	N/A 0.00	925.81 825.84	-168.51 -68.54
Total Fixed Income		6,543,909.09	22.68%	N/A 0.00	6,325,096.10 6,414,649.00	218,812.99 129,260.09
Real Assets						
Reits						
PRINCIPAL GLOBAL REAL ESTATE SECURITIES OPEN-END FUND CL R6 0518440.1	742537624 1.73% 65,218.2360	8.950 583,703.21	Level n/a 2.02%	9.70 0.00	632,754.06 685,780.43	-49,050.85 -102,077.22
Total Reits		583,703.21	2.02%	N/A 0.00	632,754.06 685,780.43	-49,050.85 -102,077.22
Total Real Assets		583,703.21	2.02%	N/A 0.00	632,754.06 685,780.43	-49,050.85 -102,077.22





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2019 - September 30, 2020

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Alternative						
Mutual Funds						
GATEWAY FUND OPEN-END FUND CL N 0518440.1	367829777 1.23% 16,831.0010	34.590 582,184.32	Level2 2.02%	 33.35 0.00	561,331.99 564,700.79	20,852.33 17,483.53
WESTERN ASSET TOT RET UNCONSTRAINED FD OPEN-END FUND CL IS 0518440.1	957663685 2.78% 82,836.8600	10.390 860,674.98	Level2 2.98%	10.58 0.00	876,024.19 860,230.43	-15,349.21 444.55
Total Mutual Funds		1,442,859.30	5.00%	N/A 0.00	1,437,356.18 1,424,931.22	5,503.12 17,928.08
Total Alternative		1,442,859.30	5.00%	N/A 0.00	1,437,356.18 1,424,931.22	5,503.12 17,928.08
Cash and Cash Equivalents						
Money Market Funds						
FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES 0518440.1	3140000V3 0.01% 1,062,133.1700	1.000 1,062,133.17	Level n/a 3.68%	1.00 10.66	1,062,133.17 1,062,133.17	0.00 0.00
Total Money Market Funds		1,062,133.17	3.68%	N/A 10.66	1,062,133.17 1,062,133.17	0.00 0.00
Total Cash and Cash Equivalents		1,062,133.17	3.68%	N/A 10.66	1,062,133.17 1,062,133.17	0.00 0.00
Net Holdings		28,853,966.66	100.00%	N/A 10.66	27,434,734.23 27,562,311.65	1,419,232.43 1,291,655.01
Total Holdings Principal Assets		\$28,853,966.66	100.00%	N/A \$10.66	\$27,434,734.23 \$27,562,311.65	\$1,419,232.43 \$1,291,655.01





Account Statement

KOROSEAL INTERIOR PRODUCTS RIP 0518440
October 01, 2019 - September 30, 2020

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss
						On Book Value On Revalued Cost
Total Holdings		\$28,853,966.66			\$27,434,734.23 \$27,562,311.65	\$1,419,232.43 \$1,291,655.01
Accrued Income On						
Principal Holdings		10.66		10.66	10.66	
Total Accrued Income		10.66		10.66	10.66	
Total Holdings with Accrued Income		\$28,853,977.32			\$27,434,744.89 \$27,562,322.31	\$1,419,232.43 \$1,291,655.01



SCHEDULE SB ATTACHMENT

Line 26 - Schedule of Active Participant Data

Plan Name: Koroseal Interior Products Retirement Income Plan

EIN/PN: 47-4864607/002

Valuation Date: October 1, 2019

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	5	1	1	-	-	-	-	-	-	7
40 to 44	-	8	6	4	-	-	-	-	-	-	18
45 to 49	2	12	4	3	1	-	-	-	-	-	22
50 to 54	-	4	6	6	1	-	-	-	-	-	17
55 to 59	-	10	10	5	4	2	-	-	-	-	31
60 to 64	-	9	4	2	1	1	-	-	-	-	17
65 to 69	-	1	-	1	3	-	-	-	-	-	5
70 & Over	-	1	-	-	-	-	-	-	-	-	1
Total	2	50	31	22	10	3	-	-	-	-	118

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

Plan Name: Koroseal Interior Products Retirement Income Plan

EIN/PN: 47-4864607/002

Valuation Date: October 1, 2019

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
10/1/2019	15.00 (Relief 15)	Relief 15	3,765,428	348,143

SUMMARY OF ASSUMPTIONS

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (June).

	Non-Stabilized	Limited to 25-Year Corridor
Segment 1:	2.74%	3.74%
Segment 2:	3.96%	5.35%
Segment 3:	4.44%	6.11%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the Highway and Transportation Funding Act of 2014 ('HATFA-14') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate The Effective Interest Rate (EIR) for the current Plan Year is 5.50%. For the prior Plan Year, the EIR was 5.69%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor’s above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below:

- (a) The expected long-term rate of return on assets based on policy trust allocations; or
- (b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))
2018	6.65%	6.29%	6.29%
2017	6.65%	6.48%	6.48%

The Expected Return on Assets assumption for the calculation of Actuarial Value of Assets is based on input by the Plan’s investment advisors and reflects their view of the long-term rate of return on assets, based on current and target asset allocations at each valuation date.

Expenses Administrative expenses of \$497,250 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

All administrative expenses are paid by the Employer.

Salary Scale N/A

An experience analysis with respect to salary scale was not performed. As a result, the current assumption has been selected based on observations of recent compensation, the actuary’s experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Inflation None.

This assumption affects long-term assumed increases in the Social Security Taxable Wage base and the IRS Compensation Limits.



Funding Mortality

§430(h) Static Separate Annuitant/Non-Annuitant Mortality Tables for the Current Plan Year.

Disability Mortality is assumed to be the same as that used for Healthy Retirees.

The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Withdrawal Rates

Rates are based on age. Below is a table of representative rates.

Age	Rate
20	15.00%
25	15.00%
30	15.00%
35	10.00%
40	8.00%
45	7.00%
50	7.00%
55	3.50%
60	3.50%

Benefit Commencement Age

Future deferred vested participants are assumed to commence at the Plan's Normal Retirement Age, or valuation age, if later.

An experience analysis with respect to termination was not performed. As a result, the current assumption has been selected based on observations of recent terminations, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Disability Incidence

Rates are based on age. Below is a table of representative rates.

Age	Rate
25	0.045%
30	0.053%
35	0.060%
40	0.117%
45	0.173%
50	0.488%
55	0.803%
60	0.803%

Benefit Commencement Age

Future disabled participants are assumed to commence immediately upon eligibility.

Disabled Participant Mortality

Same as Healthy Participant Mortality.

Retirement Rates

Rates are based on age. Below is a table of representative rates.

Age	Rate
62	5%
63	2%
64	2%
65	100%
66	100%
67	100%
68	100%
69	100%
70	100%

Benefit Commencement Age

Active retirements are assumed to commence at these ages according to the rates shown.

Spousal Assumptions

85% of males and 50% of females are assumed to be married.

Females are assumed to be 3 years younger than males.

An experience analysis with respect to spousal information was not performed. As a result, the current assumption has been selected based on observations of recent spousal information, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Form of Payment

100% of future retirements are assumed to take a life annuity in the Plan's Normal Form. The valuation of participants in pay status is based on the actual form of payment elected by the participant, as provided in the census data.

An experience analysis with respect to form of payment was not performed. As a result, the current assumption has been selected based on observations of recent form of payment elections, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Changes in non-required funding assumptions since the prior valuation

None.

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Plan Effective Date	October 1, 1988. The plan was last amended and restated effective October 1, 2015.	
Eligibility Requirements	Each employee of the Company who is not covered by a collective bargaining agreement.	
	The Plan was frozen as to eligibility effective October 1, 2008.	
Vesting	100% vesting upon earning 5 Years of Vesting Service.	
Accrued Benefit Formula	Your Annual Accrued Pension will be the sum of (a) plus (b): (a) Credited Service multiplied by the sum of (i) and (ii): i. 1% of Final Average Pensionable Earnings not in excess of Social Security Covered Compensation; and ii. 1.5% of Final Average Pensionable Earnings in excess of Social Security Covered Compensation. (b) An amount equal to your years of credited service in excess of 30 years multiplied by 0.5% of your Final-Average Pensionable Earnings.	
	<u>Accrued Benefits were frozen May 31, 2009.</u>	
Final Average Pensionable Earnings	Average Compensation is the highest consecutive five year average of calendar year compensation, out of the last ten calendar years, as a Covered Employee.	
Credited Service	<u>Hours as a Covered Employee</u>	<u>Years of Credited Service</u>
	1,976 or greater	1.0
	at least 1,768 but less than 1,976	.9
	at least 1,560 but less than 1,768	.8
	at least 1,352 but less than 1,560	.7
	at least 1,144 but less than 1,352	.6
	at least 1,000 but less than 1,144	.5
	less than 1,000	0
Vesting Service	One Year upon working 1,000 hours in a Plan Year.	
Normal Retirement Age	Upon attainment of 65 and five Years of Service.	
Early Retirement	<u>Eligibility:</u> Upon attainment of age 62 and completion of 10 Years of Service <u>Benefit:</u> The accrued benefit actuarially reduced from age 65 for early commencement	

Disability Retirement	<u>Eligibility:</u> Upon becoming totally and permanently disabled. <u>Benefit:</u> The unreduced Accrued Benefit payable immediately after Social Security Disability Income payments start.
Pre-Retirement Death	<u>Eligibility:</u> Upon earning 5 Years of Service. <u>Benefit:</u> The spouse is eligible for 50% of the benefit that would have been payable, if the Participant had lived to Early Retirement Eligibility and elected a 50% Qualified Joint and Survivor Annuity. The benefit is payable upon the Participant's Early Retirement Eligibility date.
Normal Form of Payment	Unless otherwise elected, the benefit payable to a participant who has been married at least one year is an actuarially equivalent 100% Joint and Survivor benefit. For unmarried participants, the Normal Form is a straight-life annuity.
Optional Forms	Benefits may be elected from: • 50% and 100% Joint and Survivor • 10 Year Certain and Continuous • Straight Life Annuity
Changes in Plan Benefits recognized since the last valuation	None.

SCHEDULE SB ATTACHMENT
Line 22 - Description of Weighted Average Retirement Age

Plan Name: Koroseal Interior Products Retirement Income Plan

EIN/PN: 46-4864607/002

Valuation Date: October 1, 2019

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

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
62	5.00%	10,000	500	31,000
63	2.00%	9,500	190	11,970
64	2.00%	9,310	186	11,917
65	100.00%	9,124	9,124	593,047
Total			10,000	647,934
Average				64.79

SUMMARY OF METHODS

Minimum Funding Cost Method

The actuarial cost method used to determine the liabilities for minimum funding calculations is the Traditional Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for each participant. The individual accrued liability for a participant is the present value of the accrued benefit as of the valuation date taking into account service and/or pay as of the valuation date. The individual normal cost for a participant is the present value of the benefit expected to accrue in the plan year being valued. If a plan is frozen, there is no normal cost attributable to benefit accruals.

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.

The Actuarial Value of Assets is determined by averaging the market value of assets, plus discounted receivable contributions, over the current and prior two years using three annual determination dates, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The resulting value is held to a minimum of 90% and a maximum of 110% of the fair market value. This method is in accordance with IRS Notice 2009-22.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

Changes in methods since the prior valuation

None.