

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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>THE SHERWIN-WILLIAMS COMPANY SALARIED EMPLOYEES' REVISED PENSION INVESTMENT 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>010</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1984</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>010</u>	1c Effective date of plan <u>01/01/1984</u>	
1b Three-digit plan number (PN) ▶	<u>010</u>				
1c Effective date of plan <u>01/01/1984</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE SHERWIN-WILLIAMS COMPANY</u> <u>101 PROSPECT AVENUE N.W.</u> <u>C/O TAX DEPT., 1220 GH</u> <u>CLEVELAND, OH 44115-1075</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0526850</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-566-2000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>325500</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0526850</u>	2c Plan Sponsor's telephone number <u>216-566-2000</u>	2d Business code (see instructions) <u>325500</u>	
2b Employer Identification Number (EIN) <u>34-0526850</u>					
2c Plan Sponsor's telephone number <u>216-566-2000</u>					
2d Business code (see instructions) <u>325500</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2021	THOMAS GILLIGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2021	LAWRENCE BORON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor ADMINISTRATION COMMITTEE 101 PROSPECT AVENUE N.W. CLEVELAND, OH 44115-1075		3b Administrator's EIN 34-6505363
		3c Administrator's telephone number 216-566-2000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 47790
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 44377
a(2) Total number of active participants at the end of the plan year		6a(2) 44354
b Retired or separated participants receiving benefits.....		6b 30
c Other retired or separated participants entitled to future benefits		6c 3588
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 47972
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 69
f Total. Add lines 6d and 6e		6f 48041
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 34774
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 1755
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C 2F 2H 2T 3H 3J		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan THE SHERWIN-WILLIAMS COMPANY SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 THE SHERWIN-WILLIAMS COMPANY	D Employer Identification Number (EIN) 34-0526850	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

TD AMERITRADE TRUST COMPANY

200 SOUTH 108TH STREET
OMAHA, NE 68154

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

VANGUARD

P.O. BOX 1101
VALLEY FORGE, PA 19483

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

VIRTUS

100 PEARL STREET
9TH FLOOR
HARTFORD, CT 06103

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

WELLINGTON MANAGEMENT COMPANY

280 CONGRESS STREET
BOSTON, MA 02210

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

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

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

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

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

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

FIDELITY INV INST OPS CO, INC

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65		953611	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS INC

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		142654	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RET. 2065 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>85-1763138-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>872</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RET. 2005 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>61-6434302-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2865486</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RET. 2060 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>47-1088316-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12179172</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RET. 2030 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>38-7010946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>132583364</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RET. 2025 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>37-6495447-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>99162060</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RET. 2035 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>36-7595013-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>92164383</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE GOVERNMENT STIF</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>36-1561860-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>82067696</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RET. 2020 TRUST		
b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY		
c EIN-PN 36-7594871-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55981522
a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RET. 2040 TRUST		
b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY		
c EIN-PN 35-6941729-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81448932
a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RET. 2055 TRUST		
b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY		
c EIN-PN 35-6941728-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32636644
a Name of MTIA, CCT, PSA, or 103-12 IE: MANAGED INCOME PORTFOLIO II CL 3		
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY		
c EIN-PN 35-6941654-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25813341
a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RET. 2015 TRUST		
b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY		
c EIN-PN 35-6941654-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19059834
a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RET. 2045 TRUST		
b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY		
c EIN-PN 32-6199848-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78945939
a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RET. 2010 TRUST		
b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY		
c EIN-PN 32-6199795-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6853834
a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE RET. 2050 TRUST		
b Name of sponsor of entity listed in (a): T.ROWE PRICE TRUST COMPANY		
c EIN-PN 30-6303214-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44005642
a Name of MTIA, CCT, PSA, or 103-12 IE: AGGRESSIVE GROWTH PORTFOLIO		
b Name of sponsor of entity listed in (a): TD AMERITRADE		
c EIN-PN 20-0937408-120	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: CONSERVATIVE PORTFOLIO		
b Name of sponsor of entity listed in (a): TD AMERITRADE		
c EIN-PN 20-0937408-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MODERATE GROWTH PORTFOLIO		
b Name of sponsor of entity listed in (a): TD AMERITRADE		
c EIN-PN 20-0937408-118	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH PORTFOLIO		
b Name of sponsor of entity listed in (a): TD AMERITRADE		
c EIN-PN 20-0937408-119	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED PORTFOLIO		
b Name of sponsor of entity listed in (a): TD AMERITRADE		
c EIN-PN 20-0937408-117	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: INCOME AND GROWTH PORTFOLIO		
b Name of sponsor of entity listed in (a): TD AMERITRADE		
c EIN-PN 20-0937408-116	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: CONTRAFUND COMMINGLED POOL		
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY		
c EIN-PN 04-3022712-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139654164
a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP STOCK COMMINGLED POOL		
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY		
c EIN-PN 04-3022712-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46667729
a Name of MTIA, CCT, PSA, or 103-12 IE: LOW-PRICED STOCK COMMINGLED POOL		
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY		
c EIN-PN 04-3022712-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40734434
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP OPPORTUNITIES PORTFOLIO		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY		
c EIN-PN 04-6913417-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28476663
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO CORE PLUS FIXED INCOME FUND		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 04-1126600-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8596975
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>THE SHERWIN-WILLIAMS COMPANY SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SHERWIN-WILLIAMS COMPANY</u>	D Employer Identification Number (EIN) <u>34-0526850</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	0
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	8253751075
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	2368355627972518
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	
(9) Value of interest in common/collective trusts		1c(9)	8147589921029898686
(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)	391775110440001580
(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.....	175062000	18372750
(2)	Employer real property.....		
e	Buildings and other property used in plan operation		
f	Total assets (add all amounts in lines 1a through 1e)	1405362195	1516296609
Liabilities			
g	Benefit claims payable		
h	Operating payables		
i	Acquisition indebtedness.....		
j	Other liabilities.....		
k	Total liabilities (add all amounts in lines 1g through 1j)		
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1405362195	1516296609

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	96974
	(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)	96974
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	938000
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	15396662
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	16334662
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	25708592
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	25708592

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		140637153
(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)		20146840
c Other income	2c		33630
d Total income. Add all income amounts in column (b) and enter total.....	2d		202957851

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	90867117	
(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)		90867117
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	142654	
(4) Other.....	2i(4)	1013666	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1156320
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		92023437

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		110934414
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CROWE LLP

(2) EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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 2020 This Form is Open to Public Inspection.	
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020					
A Name of plan THE SHERWIN-WILLIAMS COMPANY SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN				B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 THE SHERWIN-WILLIAMS COMPANY				D Employer Identification Number (EIN) 34-0526850	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6824924					
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	2799
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	0
b Enter the amount contributed by the employer to the plan for this plan year				6b	0
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	0
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) 2020 v. 200204	

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	14a	
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14b	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....		
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:	15a	
a The corresponding number for the plan year immediately preceding the current plan year	15b	
b The corresponding number for the second preceding plan year		
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a	
a Enter the number of employers who withdrew during the preceding plan year	16b	
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		
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐
- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)
- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.
- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No
- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation _____



INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Sherwin-Williams Company Salaried Employees' Revised Pension Investment Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company (Fidelity) and The Northern Trust Company (Northern Trust), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Fidelity and Northern Trust hold the Plan's investment assets and execute investment transactions as of December 31, 2020 and 2019 and for

the year ended December 31, 2020. The plan administrator has obtained certifications from Fidelity and Northern Trust as of December 31, 2020 and 2019 and for the year ended December 31, 2020 that the information provided to the plan administrator by Fidelity and Northern Trust is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2020 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes 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.

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 Fidelity and Northern Trust, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Crowe LLP

New York, New York
September 15, 2021

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

		(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, <u>Par of Maturity Value</u>	(d) <u>Cost</u>	(e) Current <u>Value</u>
(a) <u>Lessor or Similar Party</u>	(b) Identity of Issue, Borrower			
Mutual Funds				
	Virtus Investment Partners	Virtus Cerdex Large-Cap Value Equity Fund	**	\$ 96,550,053
	Vanguard Group, Inc	Vanguard Institutional Index Fund Institutional Plus Shares	**	82,517,966
	Vanguard Group, Inc	Vanguard Wellington Fund Admiral Shares	**	49,157,179
	Vanguard Group, Inc	Vanguard Institutional Index Fund Institutional Plus Shares	\$ 48,707,453	49,130,835
	Vanguard Group, Inc.	Vanguard FTSE All-World ex-US Index Fund Institutional Plus Shares	**	33,304,580
	Vanguard Group, Inc	Vanguard Wellesley® Income Fund Admiral ^{1M} Shares	**	31,935,001
	Vanguard Group, Inc.	Vanguard Total Bond Market Index Fund Institutional Plus Shares	28,785,714	30,215,899
	Vanguard Group, Inc	Vanguard Total Bond Market Index Fund Institutional	**	21,583,486
	PIMCO Investments LLC	PIMCO Low Duration Fund Institutional Class	**	12,282,885
*	Fidelity Investments	Fidelity® International Capital Appreciation	**	12,028,170
*	Fidelity Investments	Fidelity® Puritan® Fund	**	9,818,519
	Vanguard Group, Inc	Vanguard Inflation-Protected Securities Fund Institutional Shares	**	5,849,740
*	Fidelity Investments	Fidelity® Limited Term Government Fund	**	2,974,708
	PIMCO Investments LLC	PIMCO All Asset Fund Institutional Class	**	2,652,559
				440,001,580
Collective Trust Funds				
*	Fidelity Management Trust Company	Fidelity® Contrafund® Commingled Pool	**	139,654,164
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2030 Fund	**	132,583,364
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2025 Fund	**	99,162,060
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2035 Fund	**	92,164,383
*	Northern Trust Global Investments	Collective Governemnt STIF	82,067,696	82,067,696
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2040 Fund	**	81,448,932
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2045 Fund	**	78,945,939
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2020 Fund	**	55,981,522
*	Fidelity Management Trust Company	Fidelity® Mid-Cap Stock Commingled Pool	**	46,667,729
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2050 Fund	**	44,005,642
*	Fidelity Management Trust Company	Fidelity® Low-Priced Stock Commingled Pool	**	40,734,434
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2055 Fund	**	32,636,644
	Wellington Trust Company	WTC-CIF II Small Cap Opportunities Portfolio	**	28,476,663
*	Fidelity Management Trust Company	Managed Income Portfolio II Class 3	**	25,813,341
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2015 Fund	**	19,059,834
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2060 Fund	**	12,179,172
	Invesco Trust Company	Invesco Core Plus Fixed Income Fund	**	8,596,975
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2010 Fund	**	6,853,834
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2005 Fund	**	2,865,486
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2065 Fund	**	872
				1,029,898,686
Common Stock				
*	The Sherwin-Williams Company	The Sherwin-Williams Company common stock	307,537	18,372,750
Other				
*	Fidelity Investments	Fidelity® Money Market Government Portfolio	**	27,972,518
				<u>\$ 1,516,245,534</u>

* Represents a party-in-interest

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

See independent auditor's report

THE SHERWIN-WILLIAMS COMPANY
SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #34-0526850 Plan #010

(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 (Loss)
Category 1 - Single Transaction in Excess of 5% of Plan Assets								
* The Sherwin-Williams Company	Common Stock	\$ -	\$ 70,564,920	\$ -	\$ -	\$ 1,233,000	\$ 70,564,920	\$ 69,331,920
Category 3 - Series of Transactions in Excess of 5% of Plan Assets								
* The Sherwin-Williams Company	Common Stock	\$ -	\$ 182,397,842	\$ -	\$ -	\$ 3,390,750	\$ 182,397,842	\$ 179,007,092
* Northern Trust Global Investments	Collective Governemnt STIF	\$ 196,934,588	\$ -	\$ -	\$ -	\$ 196,934,588	\$ 196,934,588	\$ -
* Northern Trust Global Investments	Collective Governemnt STIF	\$ -	\$ 121,083,628	\$ -	\$ -	\$ 121,083,628	\$ 121,083,628	\$ -

* Represents a party-in-interest

See independent auditor's report

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

The Sherwin-Williams Company
Salaried Employees' Revised Pension Investment Plan
December 31, 2020 and 2019
and Year Ended December 31, 2020
With Independent Auditor's Report

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

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INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Sherwin-Williams Company Salaried Employees' Revised Pension Investment Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company (Fidelity) and The Northern Trust Company (Northern Trust), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Fidelity and Northern Trust hold the Plan's investment assets and execute investment transactions as of December 31, 2020 and 2019 and for

the year ended December 31, 2020. The plan administrator has obtained certifications from Fidelity and Northern Trust as of December 31, 2020 and 2019 and for the year ended December 31, 2020 that the information provided to the plan administrator by Fidelity and Northern Trust is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2020 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes 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.

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 Fidelity and Northern Trust, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Crowe LLP

New York, New York
September 15, 2021

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

	December 31,	
	2020	2019
Assets		
Investments, at fair value:		
Mutual funds	\$ 440,001,580	\$ 391,775,110
The Sherwin-Williams Company common stock	18,372,750	175,062,000
Collective trust funds	1,029,898,686	814,758,992
Money market funds	27,972,518	23,683,556
Total	1,516,245,534	1,405,279,658
Accrued income	51,075	82,537
Net assets available for benefits	<u>\$ 1,516,296,609</u>	<u>\$ 1,405,362,195</u>

See notes to financial statements.

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

	Year Ended December 31, 2020
Increases in net assets available for benefits:	
Interest and dividend income on diversified investments	\$ 17,119,737
Dividends on The Sherwin-Williams Company common stock	938,000
Other income	33,630
Total increases	<u>18,091,367</u>
Decreases in net assets available for benefits:	
Benefits paid	90,867,117
Administrative expenses	1,156,320
Total decreases	<u>92,023,437</u>
Net realized and unrealized appreciation in fair value of:	
The Sherwin-Williams Company common stock	25,708,592
Diversified investments	159,157,892
Total realized and unrealized appreciation in fair value	<u>184,866,484</u>
Net increase	<u>110,934,414</u>
Net assets available for benefits:	
Beginning of year	<u>1,405,362,195</u>
End of year	<u><u>\$ 1,516,296,609</u></u>

See notes to financial statements.

THE SHERWIN-WILLIAMS COMPANY EIN: 34-0526850
Plan Number: 010
SALARIED EMPLOYEES' REVISED PENSION INVESTMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

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

Risks and Uncertainties

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

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

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Events occurring subsequent to December 31, 2020 have been evaluated through September 15, 2021, the date of the issuance of the financial statements, in accordance with the Subsequent Events Topic of the Accounting Standards Codification (ASC). During this period, except as described below, there were no recognized subsequent events requiring recognition in the financial statements and no non-recognized subsequent events requiring disclosure.

In March 2021, The Sherwin-Williams Company (the Company) effected a three-for-one stock split (the Stock Split). Shares of the Company's common stock presented herein have been retroactively adjusted to reflect the Stock Split.

NOTE 2 - DESCRIPTION OF THE PLAN

General

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

Eligibility

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

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

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

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

Employer Contributions

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

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

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

Nonparticipant-Directed Investments

During 2019, \$242,301,533 in net assets were transferred from SEPIP, which had excess invested assets after it was terminated and liquidated during 2019. At the request of the Internal Revenue Service (IRS), the Company provided the IRS an executed statement whereby they committed to transfer the excess assets to the Plan, and allocate them, at least ratably, over a seven year period, and designated the Plan as the "Qualified Replacement Plan" (QRP) under IRC Section 4980(d)(2)(A). At that time, a QRP account (nonparticipant-directed investments) was established with the Plan for these assets. The trustee for this account is The Northern Trust Company (Northern Trust). The QRP account is being used to fund the Company's employer contributions. When the QRP account is used to fund Employer contributions, the applicable amount is transferred from the unallocated QRP account and allocated to the accounts of applicable participants. During 2020, \$72,358,501 was transferred from the QRP account to fund the 2019 contribution from the Company. Subsequent to December 31, 2020, \$76,352,138 was transferred from the QRP account to fund the 2020 contribution from the Company. See Note 4 for additional information.

Vesting

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

Forfeitures

Participants who separate from service prior to being 100% vested will have the nonvested balances in their accounts forfeited and such amounts are used to reduce future Company contributions. The 2020 contribution from the Company was reduced by forfeitures of \$1,261,988. The unallocated forfeiture balance at the end of 2020 was approximately \$811,401. The unallocated forfeiture balance at the end of 2019 was approximately \$433,196.

Participant Accounts

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

Withdrawals

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

Plan Termination

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

Administrative Expenses

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

Coronavirus Aid, Relief, and Economic Security Act (CARES Act)

On March 27, 2020, the CARES Act was enacted in response to the COVID-19 pandemic. The CARES Act includes several provisions that affect benefit plans, including requiring plans to waive required minimum distributions otherwise required to be paid in calendar year 2020. The Plan adopted this requirement.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's financial assets are recorded at fair value. Fair value is defined as the exit price, or the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. The levels of the fair value hierarchy are as follows:

Level 1: Quoted prices in active markets for identical assets

Level 2: Significant other observable inputs

Level 3: Significant unobservable inputs

The following tables present the Plan's financial assets that are measured at fair value on a recurring basis, categorized using the fair value hierarchy as of December 31, 2020 and 2019:

	Fair Value at December 31, 2020	Level 1	Level 2	Level 3
Mutual funds	\$ 440,001,580	\$ 440,001,580		
The Sherwin-Williams Company common stock	18,372,750	18,372,750		
Money market funds	27,972,518	27,972,518		
Total assets in fair value hierarchy	486,346,848	486,346,848	-	-
Collective trust funds	1,029,898,686			
Investments at fair value	<u>\$ 1,516,245,534</u>	<u>\$ 486,346,848</u>	<u>\$ -</u>	<u>\$ -</u>

	Fair Value at December 31, 2019	Level 1	Level 2	Level 3
Mutual funds	\$ 391,775,110	\$ 391,775,110		
The Sherwin-Williams Company common stock	175,062,000	175,062,000		
Money market funds	23,683,556	23,683,556	-	-
Total assets in fair value hierarchy	590,520,666	590,520,666	-	-
Collective trust funds	814,758,992			
Investments at fair value	<u>\$ 1,405,279,658</u>	<u>\$ 590,520,666</u>	<u>\$ -</u>	<u>\$ -</u>

The fair value of mutual funds is based on quoted redemption values on national security exchanges on the last business day of the Plan year.

The fair value of The Sherwin-Williams Company common stock and money market funds is based on quoted prices in active markets for identical securities.

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

NOTE 4 - NONPARTICIPANT-DIRECTED INVESTMENTS

As a result of the transfer-in from SEPIP described in Note 2, the Plan has nonparticipant-directed investments. Information about the net assets for the years ended December 31, 2020 and 2019 and the significant components of the changes in net assets relating to the nonparticipant-directed investments for the year ended December 31, 2020, is as follows:

	December 31, 2020	December 31, 2019
Assets		
Investments, at fair value:		
Mutual funds	\$ 79,346,734	\$ 40,426,829
The Sherwin-Williams Company common stock	18,372,750	175,062,000
Collective trust funds	82,067,696	6,216,736
Total	179,787,180	221,705,565
Accrued income	51,075	82,537
Net assets	<u>\$ 179,838,255</u>	<u>\$ 221,788,102</u>

	Year Ended December 31, 2020
Changes in Net Assets	
Interest and dividend income	1,949,418
Net appreciation	28,476,909
Transfers to participant directed investments	(72,358,501)
Administrative expenses	(17,673)
Net change	<u>\$ (41,949,847)</u>

During 2020, \$72,358,501 of the nonparticipant-directed investments were used to fund the employer contribution for the year ended December 31, 2019. At that time, these assets were transferred to participant-directed investments. Subsequent to 2020, \$76,352,138 of the nonparticipant-directed investments were used to fund the employer contribution for the year ended December 31, 2020. At that time, these assets were transferred to participant-directed investments.

NOTE 5 - UNAUDITED INFORMATION – CERTIFIED INVESTMENTS

As a result of the transfer-in from SEPIP described in Note 2, at December 31, 2020 and 2019, the Plan has two trustees: Fidelity Management Trust Company (Fidelity) and Northern Trust. All investment information disclosed in the accompanying financial statements including investments held at December 31, 2020 and 2019, and net realized and unrealized appreciation in fair value of investments and interest and dividend income for the year ended December 31, 2020, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by the plan trustees. Fidelity held a portion of the Plan's investment assets as of December 31, 2020 and 2019 and executed investment transactions for the year ended December 31, 2020. Northern Trust held the remaining portion of the Plan's investment assets (those discussed in Note 4) as of December 31, 2020 and 2019 and executed investment transactions as of December 31, 2020. This information has not been audited by the Plan's independent auditors.

NOTE 6 - TAX STATUS

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

Accounting principles generally accepted in the United States require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

NOTE 7 - TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan held 75,000 and 900,000 shares of the Company's common stock as of December 31, 2020 and December 31, 2019, respectively. During the year ended December 31, 2020, the Plan had dividend income on shares of the Company's common stock of \$938,000, and sold 825,000 shares of the Company's common stock for \$182.4 million. The Company's common stock is a nonparticipant-directed investment.

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

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

		(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, <u>Par of Maturity Value</u>	(d) <u>Cost</u>	(e) Current <u>Value</u>
(a) <u>Lessor or Similar Party</u>	(b) Identity of Issue, Borrower			
Mutual Funds				
	Virtus Investment Partners	Virtus Cerdex Large-Cap Value Equity Fund	**	\$ 96,550,053
	Vanguard Group, Inc	Vanguard Institutional Index Fund Institutional Plus Shares	**	82,517,966
	Vanguard Group, Inc	Vanguard Wellington Fund Admiral Shares	**	49,157,179
	Vanguard Group, Inc	Vanguard Institutional Index Fund Institutional Plus Shares	\$ 48,707,453	49,130,835
	Vanguard Group, Inc.	Vanguard FTSE All-World ex-US Index Fund Institutional Plus Shares	**	33,304,580
	Vanguard Group, Inc	Vanguard Wellesley® Income Fund Admiral ^{1M} Shares	**	31,935,001
	Vanguard Group, Inc.	Vanguard Total Bond Market Index Fund Institutional Plus Shares	28,785,714	30,215,899
	Vanguard Group, Inc	Vanguard Total Bond Market Index Fund Institutional	**	21,583,486
	PIMCO Investments LLC	PIMCO Low Duration Fund Institutional Class	**	12,282,885
*	Fidelity Investments	Fidelity® International Capital Appreciation	**	12,028,170
*	Fidelity Investments	Fidelity® Puritan® Fund	**	9,818,519
	Vanguard Group, Inc	Vanguard Inflation-Protected Securities Fund Institutional Shares	**	5,849,740
*	Fidelity Investments	Fidelity® Limited Term Government Fund	**	2,974,708
	PIMCO Investments LLC	PIMCO All Asset Fund Institutional Class	**	2,652,559
				440,001,580
Collective Trust Funds				
*	Fidelity Management Trust Company	Fidelity® Contrafund® Commingled Pool	**	139,654,164
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2030 Fund	**	132,583,364
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2025 Fund	**	99,162,060
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2035 Fund	**	92,164,383
*	Northern Trust Global Investments	Collective Governemnt STIF	82,067,696	82,067,696
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2040 Fund	**	81,448,932
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2045 Fund	**	78,945,939
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2020 Fund	**	55,981,522
*	Fidelity Management Trust Company	Fidelity® Mid-Cap Stock Commingled Pool	**	46,667,729
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2050 Fund	**	44,005,642
*	Fidelity Management Trust Company	Fidelity® Low-Priced Stock Commingled Pool	**	40,734,434
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2055 Fund	**	32,636,644
	Wellington Trust Company	WTC-CIF II Small Cap Opportunities Portfolio	**	28,476,663
*	Fidelity Management Trust Company	Managed Income Portfolio II Class 3	**	25,813,341
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2015 Fund	**	19,059,834
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2060 Fund	**	12,179,172
	Invesco Trust Company	Invesco Core Plus Fixed Income Fund	**	8,596,975
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2010 Fund	**	6,853,834
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2005 Fund	**	2,865,486
	T. Rowe Price Trust Company	T. Rowe Price Retirement 2065 Fund	**	872
				1,029,898,686
Common Stock				
*	The Sherwin-Williams Company	The Sherwin-Williams Company common stock	307,537	18,372,750
Other				
*	Fidelity Investments	Fidelity® Money Market Government Portfolio	**	27,972,518
				<u>\$ 1,516,245,534</u>

* Represents a party-in-interest

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

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

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #34-0526850 Plan #010

(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 (Loss)
Category 1 - Single Transaction in Excess of 5% of Plan Assets								
* The Sherwin-Williams Company	Common Stock	\$ -	\$ 70,564,920	\$ -	\$ -	\$ 1,233,000	\$ 70,564,920	\$ 69,331,920
Category 3 - Series of Transactions in Excess of 5% of Plan Assets								
* The Sherwin-Williams Company	Common Stock	\$ -	\$ 182,397,842	\$ -	\$ -	\$ 3,390,750	\$ 182,397,842	\$ 179,007,092
* Northern Trust Global Investments	Collective Governemnt STIF	\$ 196,934,588	\$ -	\$ -	\$ -	\$ 196,934,588	\$ 196,934,588	\$ -
* Northern Trust Global Investments	Collective Governemnt STIF	\$ -	\$ 121,083,628	\$ -	\$ -	\$ 121,083,628	\$ 121,083,628	\$ -

* Represents a party-in-interest

See independent auditor's report