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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                        |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN</u>                                                                                                                                                                                                                                                          | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>05/14/1999</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>                                                       | <b>1c</b> Effective date of plan<br><u>05/14/1999</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                      | <u>002</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>05/14/1999</u>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>QUALITOR, INC.</u><br><br><u>1840 MCCULLOUGH</u><br><u>LIMA, OH 45801</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>38-3464466</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>419-993-8176</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>336300</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>38-3464466</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>419-993-8176</u> | <b>2d</b> Business code (see instructions)<br><u>336300</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>38-3464466</u>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>419-993-8176</u>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>336300</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<br>HERE | Filed with authorized/valid electronic signature. | 10/04/2021 | TERESA HOLDEN                                                |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. |            |                                                              |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. |            |                                                              |
|              | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 105 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0   |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0   |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 51  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 49  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 100 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 104 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                         |            |            |            |
|-------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|
| For calendar plan year 2020 or fiscal plan year beginning                                                               | 01/01/2020 | and ending | 12/31/2020 |
| ▶ 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<br>QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN               | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>QUALITOR, INC. | D Employer Identification Number (EIN)<br>38-3464466 |     |

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                         |                            |                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1 Enter the valuation date: Month 01 Day 01 Year 2020                                                                                                                                                   |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                               |                            |                           |                          |
| a Market value .....                                                                                                                                                                                    | 2a                         | 1600401                   |                          |
| b Actuarial value .....                                                                                                                                                                                 | 2b                         | 1600401                   |                          |
| 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.....                                                                                                                                     | 54                         | 1054352                   | 1054352                  |
| b For terminated vested participants.....                                                                                                                                                               | 51                         | 776967                    | 776967                   |
| c For active participants .....                                                                                                                                                                         | 0                          | 0                         | 0                        |
| d Total.....                                                                                                                                                                                            | 105                        | 1831319                   | 1831319                  |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                           |                          |
| 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                          | 5.78 %                    |                          |
| 6 Target normal cost.....                                                                                                                                                                               | 6                          | 100000                    |                          |

**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.

|                          |                                                                                                                                                                                                                                                                           |                                                                                                                                                                              |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>KATHLEEN E. MANNING, F.S.A.</div> <div>Type or print name of actuary</div> <div>MWM CONSULTING GROUP</div> <div>Firm name</div> <div>55 E. JACKSON BLVD., SUITE 1000<br/>CHICAGO, IL 60604-4466</div> <div>Address of the firm</div> | <div>10/08/2021</div> <div>Date</div> <div>20-03050</div> <div>Most recent enrollment number</div> <div>312-987-9097</div> <div>Telephone number (including area code)</div> |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                          |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 7677                   |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 7677                   |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>17.74</u> % .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 62092                  |
| <b>b(1)</b> 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>5.61</u> % ..... |                       | 3053                   |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 1362                   |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 66507                  |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 66507                  |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 66507                  |

| Part III Funding Percentages                                                                                                                                               |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 83.75 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 83.75 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 73.09 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/22/2020                                                                               | 40820                             | 0                               |                          |                                   |                                 |
| 07/20/2020                                                                               | 40820                             | 0                               |                          |                                   |                                 |
| 10/13/2020                                                                               | 40820                             | 0                               |                          |                                   |                                 |
| 01/22/2021                                                                               | 40820                             | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 163280                            | <b>18(c)</b> 0                  |

|                                                                                                                                                                                       |            |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                  |            |           |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                                  | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                    | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                               | <b>19c</b> | 157182    |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                           |            |           |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |            |           |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| <b>c</b> 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   |
| 0                                                                                                                                                                                     | 0          | 0         |
|                                                                                                                                                                                       |            | (4) 4th 0 |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.75 %2nd segment:  
5.50 %3rd segment:  
6.27 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

3

**22** Weighted average retirement age .....**22**

63

**23** Mortality table(s) (see instructions) .....

Prescribed - combined



Prescribed - separate



Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) ..... **31a** 100000**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 297425 Installment 30017**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** 130017**35** Balances elected for use to offset funding requirement ..... Carryover balance Prefunding balance Total balance 0**36** Additional cash requirement (line 34 minus line 35) ..... **36** 130017**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 157182**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 27165**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b****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

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

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 |                                                             |     |
| <b>A</b> Name of plan<br>QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN               | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>QUALITOR, INC.            | <b>D</b> Employer Identification Number (EIN)<br>38-3464466 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

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

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

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

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

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

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**(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)

MWM CONSULTING GROUP

36-3870584

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | ACTUARY                                                                                           | 54735                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIFTH THIRD BANK

31-0854433

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | TRUSTEE                                                                                           | 14871                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <b>01/01/2020</b> and ending <b>12/31/2020</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN</b>                                                                                                                                                                                      | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>002</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>QUALITOR, INC.</b>                                                                                                                                                                                   | <b>D</b> Employer Identification Number (EIN)<br><b>38-3464466</b>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1b(1)</b>          | 19341740820     |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(8)</b>          |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(13)</b>         | 14138731688691  |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(15)</b>         |                 |

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                              |              |                       |                 |
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1607290               | 1729511         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |   |   |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                          |           |         |         |
|----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f)..... | <b>1l</b> | 1607290 | 1729511 |
|----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 163280     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 163280    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 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) |            | 165362    |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 328642    |

**Expenses**

|                                                                                     |       |       |        |
|-------------------------------------------------------------------------------------|-------|-------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |       |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 97863 |        |
| (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) |       | 97863  |
| 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) | 54735 |        |
| (2) Contract administrator fees .....                                               | 2i(2) |       |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 14871 |        |
| (4) Other.....                                                                      | 2i(4) | 38952 |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |       | 108558 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |       | 206421 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 122221 |
| 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: GRANT THORNTON LLP

(2) EIN: 36-6055558

**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>b</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.) .....                                                                                                     |                     |                    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>c</b> 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.) .....                                                                                                                                                                                                                                 |                     |                    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>d</b> 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.) .....                                                                                                                                                                                                                      |                     |                    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                             | X                   |                    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                              |                     | X                  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>g</b> 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? .....                                                                                                                                                                                                                                           |                     |                    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>h</b> 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? .....                                                                                                                                                                                                                                 |                     |                    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                                       | X                   |                    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                            | X                   |                    |        |
| <b>j</b> 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                   |                    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                            | X                   |                    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                                  |                     | X                  |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                   |                     | X                  |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                         |                     |                    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |        |
| <b>n</b> 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. ....                                                                                                                                                                                                                             |                     |                    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |        |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                                 |                     |                    |        |
| <b>5b</b> 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.)                                                                                                                                                                                                         |                     |                    |        |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                         | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |        |
| <b>5c</b> 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.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4299998</u> . |                     |                    |        |

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>QUALITOR, INC.                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>38-3464466                                            |
| 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):<br><br>EIN(s): 31-1051736                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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:

**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).....

**14a**

**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).....

**14b**

**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).....

**14c**

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

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

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

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

**16a**

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

**16b**

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

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

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

- 19** 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 \_\_\_\_\_

Financial Statements and Report of  
Independent Certified Public  
Accountants

**Qualitor, Inc. Master Union Employees'  
Pension Plan**

December 31, 2020 and 2019

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## **REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

Trustees

Qualitor, Inc. Master Union Employees' Pension Plan

### **Report on the financial statements**

We were engaged to audit the accompanying financial statements of Qualitor, Inc. Master Union Employees' Pension Plan (the "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 years then ended, the statement of accumulated plan benefits as of December 31, 2019, the statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

### **Management's responsibility for the financial statements**

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

### **Auditor's responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion 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 certified information described in Note C, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of December 31, 2020 and 2019, and for the year ended December 31, 2020, stating that the certified information provided to the Plan administrator 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.

**Supplementary information**

The supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020 and Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2020 are presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 schedule.

**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 schedule, other than that derived from the certified information described in Note C, 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.



Southfield, Michigan  
October 11, 2021

Qualitor, Inc. Master Union Employees' Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

|                                          | <u>2020</u>         | <u>2019</u>         |
|------------------------------------------|---------------------|---------------------|
| <b>ASSETS</b>                            |                     |                     |
| Investments, at fair value               | \$ 1,688,691        | \$ 1,413,873        |
| Receivables                              |                     |                     |
| Employer contribution receivable         | <u>40,820</u>       | <u>193,417</u>      |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u>\$ 1,729,511</u> | <u>\$ 1,607,290</u> |

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

**Qualitor, Inc. Master Union Employees' Pension Plan**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**Years ended December 31,**

|                                                         | <b>2020</b>                | <b>2019</b>                |
|---------------------------------------------------------|----------------------------|----------------------------|
| Investment income:                                      |                            |                            |
| Net appreciation of investments                         | \$ 165,205                 | \$ 243,130                 |
| Interest on traditional annuity contracts               | 157                        | 724                        |
|                                                         | <hr/>                      | <hr/>                      |
| Net investment income                                   | 165,362                    | 243,854                    |
| Employer contributions                                  | <hr/> 163,280              | <hr/> 213,991              |
|                                                         | <hr/>                      | <hr/>                      |
| Total additions                                         | 328,642                    | 457,845                    |
| Benefits paid directly to participants or beneficiaries | 97,863                     | 105,034                    |
| Administrative expenses                                 | <hr/> 108,558              | <hr/> 139,222              |
|                                                         | <hr/>                      | <hr/>                      |
| Net increase                                            | 122,221                    | 213,589                    |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS</b>            |                            |                            |
| Beginning of year                                       | <hr/> 1,607,290            | <hr/> 1,393,701            |
|                                                         | <hr/>                      | <hr/>                      |
| End of year                                             | <u><u>\$ 1,729,511</u></u> | <u><u>\$ 1,607,290</u></u> |

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

**Qualitor, Inc. Master Union Employees' Pension Plan**

**STATEMENT OF ACCUMULATED PLAN BENEFITS**

**As of December 31, 2019**

|                                                             | <u><b>2019</b></u>         |
|-------------------------------------------------------------|----------------------------|
| <b>Actuarial present value of accumulated plan benefits</b> |                            |
| Vested benefits:                                            |                            |
| Participants currently receiving payments                   | \$ 1,258,852               |
| Other participants                                          | <u>1,219,825</u>           |
| Total vested benefits                                       | <u>2,478,677</u>           |
| Total actuarial present value of accumulated plan benefits  | <u><u>\$ 2,478,677</u></u> |

The accompanying notes are an integral part of this financial statement.

**Qualitor, Inc. Master Union Employees' Pension Plan**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**

**Year ended December 31, 2019**

|                                                                                 | <b>2019</b>                       |
|---------------------------------------------------------------------------------|-----------------------------------|
| <b>Actuarial present value of accumulated plan benefits – beginning of year</b> | <b>\$ 1,578,325</b>               |
| Increase (decrease) during the year attributable to:                            |                                   |
| Benefits accumulated and experience                                             | (15,657)                          |
| Increase for interest                                                           | 106,500                           |
| Benefits paid                                                                   | (105,034)                         |
| Assumption changes                                                              | 914,543                           |
|                                                                                 | <hr/>                             |
| Actuarial present value of accumulated plan benefits at end of year             | <b><u><u>\$ 2,478,677</u></u></b> |

The accompanying notes are an integral part of this financial statement.

## **Qualitor, Inc. Master Union Employees' Pension Plan**

### **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2020 and 2019**

#### **NOTE A - PLAN DESCRIPTION**

The following description of the Qualitor, Inc. Master Union Employees' Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for complete information. The Plan Administrator determines the appropriateness of the Plan's investment offerings and monitors investment performance.

##### ***General***

The Plan was established by Qualitor, Inc. (the "Company") effective May 14, 1999. The Plan is a noncontributory defined benefit plan which is administered by the Company, with input from affected union employees as part of the collective bargaining process, and covers certain Qualitor, Inc. union employees at International Brake Industries, Inc. and McGuane Industries, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). On May 20, 2011 the International Brake operation in Ohio was permanently closed. All International Brake Industries, Inc. participants were fully vested at termination of employment on the date of closure. Hourly union employees of the International Brake Industries, Inc. represented by UAW Local 1975, became active participants in the Plan immediately after a probationary period set forth in the collective bargaining agreement. Union employees of McGuane Industries, Inc., represented by UAW Local 708, become active participants in the Plan on the first day of the month after a probationary period set forth in the collective bargaining agreement. An eligible employee is an employee represented by a collective bargaining unit. On February 15, 2016, the McGuane facility was shut down and at this time, the remaining active participants benefits in the Plan were fully frozen and fully vested.

Effective January 1, 2020, the Plan adopted the provisions of American Rescue Plan Act of 2021 to implement the fresh start 15-year amortization provisions under Section 9705 and to adopt the new stabilized segment rates under Section 9706. Before the adoption, the Plan has a minimum required contribution receivable from the Plan Sponsor amounting to \$130,017. There was no minimum required contribution receivable from the Plan Sponsor after this election.

##### ***Funding Policy***

All contributions to the Plan are made by the Company. The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company's contributions for 2020 and 2019 exceeded the minimum funding requirements of ERISA. Although it has not expressed any intention to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. No participant contributions are permitted.

##### ***Pension Benefits***

Employees who reach the age of 65 will obtain non-forfeitable rights to a normal retirement benefit, provided the participant is employed by the Company until retirement. An employee with five or more years of service is entitled to early retirement benefits beginning at age 55, provided that the participant is employed by the Company at the time of early retirement. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. When an employee terminates employment for any reason, they may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement. The benefit level received is based upon years of credited service times a benefit multiplier as detailed in the plan document.

**Qualitor, Inc. Master Union Employees' Pension Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2020 and 2019**

***Death and Disability Benefits***

Employees who die after retirement shall have their annual pension benefits paid to their surviving spouse. For employees who are vested and die prior to receiving retirement benefits and are survived by a spouse to whom the participant had been married for at least one year prior to death, annual pension benefits are paid to the participant's spouse. Employees with 10 or more years of service and are determined by the Plan administrator to have become totally and permanently disabled during the course of employment are entitled to annual pension benefits.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Accounting***

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

***Use of Estimates***

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

***Investment Valuation and Income Recognition***

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

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

***Actuarial Present Value of Accumulated Plan Benefits***

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable to employees based upon services rendered under the Plan's provisions. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on a formula which includes years of service as defined in the Plan document, and years of credited service. Benefits payable under all circumstances – retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from MWM Consulting Group. The latest actuarial valuation is dated December 31, 2019, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment. The computations of the actuarial present value report of accumulated plan benefits were made as of January 1, 2020 and 2019. Had the valuations been performed as of December 31, there would be no material differences.

**Qualitor, Inc. Master Union Employees' Pension Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2020 and 2019**

Significant actuarial assumptions used in the valuations as of December 31, 2019 and 2018 are as follows:

**Actuarial Present Value of Accumulated Plan Benefits**

|                           |                                                                                                                 |
|---------------------------|-----------------------------------------------------------------------------------------------------------------|
| Long-term rate of return: | 3.25% as of December 31, 2019 and 7% as of December 31, 2018                                                    |
| Mortality                 | For 2019 RP-2014 projected to 2020 with scale MP-2019;<br>For 2018 RP-2014 projected to 2019 with scale MP-2018 |
| Normal retirement age     | 65 years of age for both periods                                                                                |

***Payment of Benefits***

Benefit payments are recorded upon distribution.

***Administrative Expenses***

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investments related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

**NOTE C - INFORMATION CERTIFIED BY TRUSTEE**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fifth Third Bank (the "Trustee") certified that the following data included in the financial statements and supplemental schedules is complete and accurate:

- Investments, as shown in the statements of net assets available for benefits as of December 31, 2020 and 2019;
- Net investment income, as shown in the statements of changes in net assets available for benefits for the year ended December 31, 2020 and 2019;
- Schedule H, part IV, line 4i - schedule of assets (held at end of year) as of December 31, 2020; and
- Schedule H, part IV, line 4j - schedule of reportable transactions for the year ended December 31, 2020.

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

**Qualitor, Inc. Master Union Employees' Pension Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2020 and 2019**

**NOTE D - FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

|                             | December 31, 2020   |             |             |                     |
|-----------------------------|---------------------|-------------|-------------|---------------------|
|                             | Level 1             | Level 2     | Level 3     | Total               |
| Money market fund           | \$ 41,436           | \$ -        | \$ -        | \$ 41,436           |
| Mutual funds                | 1,647,255           | -           | -           | 1,647,255           |
| Total assets, at fair value | <u>\$ 1,688,691</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 1,688,691</u> |

**Qualitor, Inc. Master Union Employees' Pension Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2020 and 2019**

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

|                             | December 31, 2019 |         |         |              |
|-----------------------------|-------------------|---------|---------|--------------|
|                             | Level 1           | Level 2 | Level 3 | Total        |
| Money market fund           | \$ 47,069         | \$ -    | \$ -    | \$ 47,069    |
| Mutual funds                | 1,366,804         | -       | -       | 1,366,804    |
| Total assets, at fair value | \$ 1,413,873      | \$ -    | \$ -    | \$ 1,413,873 |

**NOTE E - TAX STATUS**

The Plan obtained its latest determination letter as of September 24, 2012, in which the Internal Revenue Service ("IRS") states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

**NOTE F - PLAN TERMINATION**

The Company has not expressed any intention to terminate the Plan. However, 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 thereunder and the Plan document, in the order indicated below:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

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

**Qualitor, Inc. Master Union Employees' Pension Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**December 31, 2020 and 2019**

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide 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.

**NOTE G - PARTY-IN-INTEREST TRANSACTIONS**

As described in Note B, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

**NOTE H - RISKS AND UNCERTAINTIES**

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

The Plan's contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

On March 11, 2020, the World Health Organization declared the novel strain of coronavirus ("COVID-19") a global pandemic and recommended containment and mitigation measures worldwide. COVID-19 has affected, and may continue to affect, economic activity globally, nationally and locally. Following the COVID-19 outbreak, the values of investment securities have been subject to significant volatility. Economic and market conditions and other effects of the COVID-19 outbreak may continue to affect the Plan. The extent of the impact of the COVID-19 outbreak on the Plan's investments and the amounts reported in the 2020 statement of net assets cannot be predicted at this time.

The Coronavirus Aid Relief, and Economic Security Act ("CARES Act") was passed by Congress on March 27, 2020. Management is in the process of reviewing the CARES Act and any resulting changes to the Plan.

**NOTE I - SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through October 11, 2021, the date that the financial statements were available to be issued. The Plan did not identify any other events that required recognition or disclosure in the financial statements.

## SUPPLEMENTAL SCHEDULES

**Qualitor, Inc. Master Union Employees' Pension Plan**

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2020**

| <b>Identity of Issuer, Borrower or</b>              | <b>Description<br/>of Investments</b> | <b>Cost</b>         | <b>Current<br/>Value</b> |
|-----------------------------------------------------|---------------------------------------|---------------------|--------------------------|
| <b>Money market fund</b>                            |                                       |                     |                          |
| Federated Government Obligations                    |                                       | \$ 41,435           | \$ 41,435                |
| <b>Mutual funds</b>                                 |                                       |                     |                          |
| Barings Active Short Duration BD Y                  |                                       | 209,182             | 208,213                  |
| PGIM Total Return Bond Fund CL R6                   |                                       | 480,430             | 484,238                  |
| Invesco Oppenheimer Developing Markets Fund - Class |                                       | 39,967              | 56,030                   |
| Cohen & Steers Realty Shares I                      |                                       | 71,437              | 67,838                   |
| Fidelity International Index Fund                   |                                       | 61,224              | 70,475                   |
| Fidelity 500 Index FD INST Premium                  |                                       | 291,618             | 365,988                  |
| Fidelity Small Cap                                  |                                       | 21,517              | 29,062                   |
| Fidelity Mid Cap Index INSTL PremFIDELITY MID CAP   |                                       | 21,368              | 26,806                   |
| Harding Loevner Intl Equity Inst                    |                                       | 109,115             | 143,601                  |
| Ishares Inc MSCI EM ESG Optimized ETF               |                                       | 29,107              | 37,908                   |
| JPMorgan Equity Income Fund 3128 Class I            |                                       | 143,106             | 157,097                  |
| Total mutual funds                                  |                                       | 1,478,071           | 1,647,256                |
| Total investments                                   |                                       | <u>\$ 1,519,506</u> | <u>\$ 1,688,691</u>      |

**SINGLE TRANSACTION EXCEEDS 5%****70-70-002-8205742****01/01/20 THROUGH 12/31/20**

| ASSET DESCRIPTION                    | TRAN<br>TYPE    | SETTLE<br>DATE | SHARES/<br>UNITS | PURCHASE/SALE<br>COST/PROCEEDS | BROKER<br>COMMISSION | OTHER<br>EXPENSE | COST OF<br>ASSET | NET<br>GAIN/LOSS |
|--------------------------------------|-----------------|----------------|------------------|--------------------------------|----------------------|------------------|------------------|------------------|
|                                      |                 |                |                  |                                |                      |                  |                  |                  |
| FIFTH THIRD BANKSAFE TRUST           | PUR             | 09/30/20       | 160,645.000      | 160,645.00                     | .00                  | .00              | 160,645.00       | .00              |
| FIFTH THIRD BANKSAFE TRUST           | SAL             | 10/31/20       | 154,797.000      | 154,797.00                     | .00                  | .00              | 154,797.00       | .00              |
| PGIM TOTAL RETURN BOND FUND CL<br>R6 | PUR             | 10/21/20       | 6,545.746        | 97,138.58                      | .00                  | .00              | 97,138.58        | .00              |
|                                      | 2 PURCHASES FOR |                | 257,783.58       | 1 SALES FOR                    | 154,797.00           |                  |                  |                  |

## 5% REPORT BY ASSET-AGGREGATE

70-70-002-8205742

01/01/20 THROUGH 12/31/20

| VALUATION                         |                 |             |               |                             |                       | 1,413,872.42          | THRESHOLD     | 70,693.62     |
|-----------------------------------|-----------------|-------------|---------------|-----------------------------|-----------------------|-----------------------|---------------|---------------|
| ASSET DESCRIPTION                 | TRAN TYPE       | SETTLE DATE | SHARES/ UNITS | PURCHASE/SALE COST/PROCEEDS | BROKER COMMISSION     | OTHER EXPENSE         | COST OF ASSET | NET GAIN/LOSS |
| FIFTH THIRD BANKSAFE TRUST        | SAL             | 01/31/20    | 1,279.000     | 1,279.00                    | .00                   | .00                   | 1,279.00      | .00           |
|                                   | SAL             | 02/29/20    | 5,715.000     | 5,715.00                    | .00                   | .00                   | 5,715.00      | .00           |
|                                   | SAL             | 03/31/20    | 5,665.000     | 5,665.00                    | .00                   | .00                   | 5,665.00      | .00           |
|                                   | PUR             | 04/30/20    | 28,930.000    | 28,930.00                   | .00                   | .00                   | 28,930.00     | .00           |
|                                   | SAL             | 05/31/20    | 6,573.000     | 6,573.00                    | .00                   | .00                   | 6,573.00      | .00           |
|                                   | SAL             | 06/30/20    | 44,100.000    | 44,100.00                   | .00                   | .00                   | 44,100.00     | .00           |
|                                   | PUR             | 07/31/20    | 37,314.000    | 37,314.00                   | .00                   | .00                   | 37,314.00     | .00           |
|                                   | SAL             | 08/31/20    | 6,869.000     | 6,869.00                    | .00                   | .00                   | 6,869.00      | .00           |
|                                   | PUR             | 09/30/20    | 160,645.000   | 160,645.00                  | .00                   | .00                   | 160,645.00    | .00           |
|                                   | SAL             | 10/31/20    | 154,797.000   | 154,797.00                  | .00                   | .00                   | 154,797.00    | .00           |
|                                   | SAL             | 11/30/20    | 6,776.000     | 6,776.00                    | .00                   | .00                   | 6,776.00      | .00           |
|                                   | SAL             | 12/31/20    | 709.000       | 709.00                      | .00                   | .00                   | 709.00        | .00           |
| 3 PURCHASES FOR                   |                 | 226,889.00  | 9 SALES FOR   | 232,483.00                  | ISSUE AGGREGATE TOTAL | 459,372.00            |               |               |
| PGIM TOTAL RETURN BOND FUND CL R6 | SAL             | 03/23/20    | 1,602.907     | 21,494.98                   | .00                   | .00                   | 24,091.69     | -2,596.71     |
|                                   | PUR             | 10/21/20    | 6,545.746     | 97,138.58                   | .00                   | .00                   | 97,138.58     | .00           |
|                                   | 1 PURCHASES FOR |             | 97,138.58     | 1 SALES FOR                 | 21,494.98             | ISSUE AGGREGATE TOTAL | 118,633.56    |               |

**5% REPORT BY BROKER-SECURITIES****70-70-002-8205742****01/01/20 THROUGH 12/31/20**

| ASSET DESCRIPTION                                          | TRAN<br>TYPE | SETTLE<br>DATE | SHARES/<br>UNITS | PURCHASE/SALE<br>COST/PROCEEDS | BROKER<br>COMMISSION | VALUATION        | 1,413,872.42     | THRESHOLD        | 70,693.62 |
|------------------------------------------------------------|--------------|----------------|------------------|--------------------------------|----------------------|------------------|------------------|------------------|-----------|
|                                                            |              |                |                  |                                |                      | OTHER<br>EXPENSE | COST OF<br>ASSET | NET<br>GAIN/LOSS |           |
| MUTUAL FUND TRADING BROKER                                 |              |                |                  |                                |                      |                  |                  |                  |           |
| INVESTCO OPPENHEIMER DEVELOPING<br>MARKETS FUND - CLASS R6 | PUR          | 03/23/20       | 59.283           | 1,957.51                       | .00                  | .00              | 1,957.51         | .00              |           |
| BARINGS ACTIVE SHORT DURATION<br>BD Y                      | SAL          | 03/23/20       | 1,911.742        | 17,415.97                      | .00                  | .00              | 18,983.60        | -1,567.63        |           |
| BARINGS ACTIVE SHORT DURATION<br>BD Y                      | PUR          | 10/21/20       | 5,199.661        | 50,696.69                      | .00                  | .00              | 50,696.69        | .00              |           |
| COHEN & STEERS REALTY SHARES I                             | PUR          | 03/23/20       | 233.210          | 10,249.60                      | .00                  | .00              | 10,249.60        | .00              |           |
| COHEN & STEERS REALTY SHARES I                             | PUR          | 10/21/20       | 111.427          | 6,418.18                       | .00                  | .00              | 6,418.18         | .00              |           |
| FIDELITY INTERNATIONAL INDEX<br>FUND                       | PUR          | 03/23/20       | 180.869          | 5,301.27                       | .00                  | .00              | 5,301.27         | .00              |           |
| FIDELITY 500 INDEX FD<br>INST PREMIUM                      | PUR          | 03/23/20       | 24.186           | 1,941.68                       | .00                  | .00              | 1,941.68         | .00              |           |
| FIDELITY 500 INDEX FD<br>INST PREMIUM                      | SAL          | 10/21/20       | 33.268           | 3,974.91                       | .00                  | .00              | 3,450.53         | 524.38           |           |
| FIDELITY SMALL CAP                                         | PUR          | 03/23/20       | 213.963          | 2,743.00                       | .00                  | .00              | 2,743.00         | .00              |           |
| FIDELITY SMALL CAP                                         | SAL          | 10/21/20       | 119.420          | 2,457.66                       | .00                  | .00              | 2,208.57         | 249.09           |           |
| FIDELITY MID CAP INDEX INSTL<br>PREM                       | PUR          | 03/23/20       | 159.026          | 2,406.06                       | .00                  | .00              | 2,406.06         | .00              |           |
| FIDELITY MID CAP INDEX INSTL<br>PREM                       | SAL          | 10/21/20       | 92.477           | 2,235.16                       | .00                  | .00              | 1,991.09         | 244.07           |           |
| HARDING LOEVNER INTL EQUITY INST                           | PUR          | 03/23/20       | 181.291          | 3,118.20                       | .00                  | .00              | 3,118.20         | .00              |           |
| HARDING LOEVNER INTL EQUITY INST                           | SAL          | 10/21/20       | 208.753          | 5,287.72                       | .00                  | .00              | 4,508.00         | 779.72           |           |
| JPMORGAN EQUITY INCOME FUND<br>3128 CLASS I                | PUR          | 03/23/20       | 732.140          | 9,539.79                       | .00                  | .00              | 9,539.79         | .00              |           |
| JPMORGAN EQUITY INCOME FUND<br>3128 CLASS I                | PUR          | 10/21/20       | 406.857          | 7,335.63                       | .00                  | .00              | 7,335.63         | .00              |           |

**5% REPORT BY BROKER-SECURITIES****70-70-002-8205742****01/01/20 THROUGH 12/31/20**

| ASSET DESCRIPTION                                                  | TRAN<br>TYPE | SETTLE<br>DATE | SHARES/<br>UNITS | PURCHASE/SALE<br>COST/PROCEEDS | BROKER<br>COMMISSION   | VALUATION<br>1,413,872.42 | THRESHOLD<br>70,693.62 | OTHER<br>EXPENSE | COST OF<br>ASSET | NET<br>GAIN/LOSS |
|--------------------------------------------------------------------|--------------|----------------|------------------|--------------------------------|------------------------|---------------------------|------------------------|------------------|------------------|------------------|
| MUTUAL FUND TRADING BROKER<br>PGIM TOTAL RETURN BOND FUND CL<br>R6 | SAL          | 03/23/20       | 1,602.907        | 21,494.98                      | .00                    | .00                       | 24,091.69              |                  |                  | -2,596.71        |
| PGIM TOTAL RETURN BOND FUND CL<br>R6                               | PUR          | 10/21/20       | 6,545.746        | 97,138.58                      | .00                    | .00                       | 97,138.58              |                  |                  | .00              |
| 12 PURCHASES FOR                                                   |              | 198,846.19     | 6 SALES FOR      | 52,866.40                      | BROKER AGGREGATE TOTAL | 251,712.59                |                        |                  | -2,367.08        |                  |

|                                          |                          |                                  |
|------------------------------------------|--------------------------|----------------------------------|
| <b>5% REPORT BY BROKER-NONSECURITIES</b> | <b>70-70-002-8205742</b> | <b>01/01/20 THROUGH 12/31/20</b> |
|------------------------------------------|--------------------------|----------------------------------|

|                   |              |                |                  | VALUATION                      |                      | 1,413,872.42     | THRESHOLD        | 70,693.62        |
|-------------------|--------------|----------------|------------------|--------------------------------|----------------------|------------------|------------------|------------------|
| ASSET DESCRIPTION | TRAN<br>TYPE | SETTLE<br>DATE | SHARES/<br>UNITS | PURCHASE/SALE<br>COST/PROCEEDS | BROKER<br>COMMISSION | OTHER<br>EXPENSE | COST OF<br>ASSET | NET<br>GAIN/LOSS |

N O A C T I V I T Y T H I S P E R I O D

# Schedule SB, Part V, Statement of Actuarial Assumptions/Methods

## QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN

EIN/PN: 38-3464466 / 002

| Actuarial Assumption Item | Annual Actuarial Valuation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ASC 960 Calculations                                   |                |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------|----------------|-----------------|-------|--------|----------------|------|----|----------------|--------|-------|---------------------|-------|--------|----------------|-------|-------|----------------|------|----|-------|--------|------|--------------------------|
| Interest                  | <p>The interest rates used to determine the minimum contribution reflect the interest rate stabilization provisions of the American Rescue Plan Act of 2021.</p> <table><tr><td></td><td><u>Maximum</u></td><td><u>Minimum</u></td></tr><tr><td>Effective rate:</td><td>4.08%</td><td>5.78%</td></tr><tr><td>Segment rates:</td><td></td><td></td></tr><tr><td>Years under 5:</td><td>2.79%</td><td>4.75%</td></tr><tr><td>Years 5 through 20:</td><td>3.90%</td><td>5.50%</td></tr><tr><td>Years over 20:</td><td>4.35%</td><td>6.27%</td></tr></table>                               |                                                        | <u>Maximum</u> | <u>Minimum</u> | Effective rate: | 4.08% | 5.78%  | Segment rates: |      |    | Years under 5: | 2.79%  | 4.75% | Years 5 through 20: | 3.90% | 5.50%  | Years over 20: | 4.35% | 6.27% | 7.0% per annum |      |    |       |        |      |                          |
|                           | <u>Maximum</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Minimum</u>                                         |                |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| Effective rate:           | 4.08%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5.78%                                                  |                |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| Segment rates:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |                |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| Years under 5:            | 2.79%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4.75%                                                  |                |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| Years 5 through 20:       | 3.90%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5.50%                                                  |                |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| Years over 20:            | 4.35%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6.27%                                                  |                |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| Mortality                 | According to the IRS 2020 Optional Combined Table for Small Plans (Males/Females).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RP2014 base rates projected to 2020 with scale MP2019. |                |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| Retirement                | <p>Rates of retirement are based upon age only. Rates are shown below:</p> <table><tr><td><u>Age</u></td><td><u>Rate</u></td><td><u>Age</u></td><td><u>Rate</u></td></tr><tr><td>55</td><td>5%</td><td>60-61</td><td>10%</td></tr><tr><td>56</td><td>6%</td><td>62</td><td>15%</td></tr><tr><td>57</td><td>7%</td><td>63-64</td><td>10%</td></tr><tr><td>58</td><td>8%</td><td>65</td><td>100%</td></tr><tr><td>59</td><td>9%</td><td></td><td></td></tr></table>                                                                                                                      | <u>Age</u>                                             | <u>Rate</u>    | <u>Age</u>     | <u>Rate</u>     | 55    | 5%     | 60-61          | 10%  | 56 | 6%             | 62     | 15%   | 57                  | 7%    | 63-64  | 10%            | 58    | 8%    | 65             | 100% | 59 | 9%    |        |      | Same as Annual Valuation |
| <u>Age</u>                | <u>Rate</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>Age</u>                                             | <u>Rate</u>    |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| 55                        | 5%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 60-61                                                  | 10%            |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| 56                        | 6%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 62                                                     | 15%            |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| 57                        | 7%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 63-64                                                  | 10%            |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| 58                        | 8%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 65                                                     | 100%           |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| 59                        | 9%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| Withdrawal                | <p>Rates of termination are based upon age and service. Sample rates for selected ages and service based factors applied to rates are shown.</p> <table><tr><td><u>Age</u></td><td><u>Rate</u></td><td><u>Service</u></td><td><u>Factor</u></td></tr><tr><td>25</td><td>11.62%</td><td>Under 2</td><td>5.00</td></tr><tr><td>30</td><td>11.21%</td><td>2 to 3</td><td>4.00</td></tr><tr><td>40</td><td>9.40%</td><td>3 to 4</td><td>3.00</td></tr><tr><td>50</td><td>4.83%</td><td>4 to 5</td><td>2.00</td></tr><tr><td>55</td><td>0.00%</td><td>Over 5</td><td>1.00</td></tr></table> | <u>Age</u>                                             | <u>Rate</u>    | <u>Service</u> | <u>Factor</u>   | 25    | 11.62% | Under 2        | 5.00 | 30 | 11.21%         | 2 to 3 | 4.00  | 40                  | 9.40% | 3 to 4 | 3.00           | 50    | 4.83% | 4 to 5         | 2.00 | 55 | 0.00% | Over 5 | 1.00 | Same as Annual Valuation |
| <u>Age</u>                | <u>Rate</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>Service</u>                                         | <u>Factor</u>  |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| 25                        | 11.62%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Under 2                                                | 5.00           |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| 30                        | 11.21%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2 to 3                                                 | 4.00           |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| 40                        | 9.40%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3 to 4                                                 | 3.00           |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| 50                        | 4.83%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4 to 5                                                 | 2.00           |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| 55                        | 0.00%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Over 5                                                 | 1.00           |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| Salary Increase           | Salaries are assumed to increase at the rate of 3.5% per annum.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5.0% per annum                                         |                |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |
| Asset Valuation Method    | Market Value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Same as Annual Valuation                               |                |                |                 |       |        |                |      |    |                |        |       |                     |       |        |                |       |       |                |      |    |       |        |      |                          |

## **Schedule SB, Part V, Statement of Actuarial Assumptions/Methods**

**QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN**

**EIN/PN: 38-3464466 / 002**

| <b>Actuarial Assumption Item</b> | <b>Annual Actuarial Valuation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ASC 960 Calculations</b>     |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <b>Actuarial Cost Methods</b>    | <p>Unit Credit Accrued Benefit Cost Method</p> <p>(For Determining the Minimum and Maximum Permissible Contributions)</p> <p>This is the mandated actuarial method to be used in determining contribution requirements and limits under the Pension Protection Act of 2006. This method determines the present value of benefits accrued to date under the provisions of the plan and ignores any further benefit accruals through salary and service increases.</p> | <p>Same as Annual Valuation</p> |

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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****Part I Annual Report Identification Information**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

- 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**

|                                                                                                                                                                                                                                                                                                                             |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>1a</b> Name of plan<br>QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN                                                                                                                                                                                                                                               | <b>1b</b> Three-digit plan number (PN) ▶ 002                 |
|                                                                                                                                                                                                                                                                                                                             | <b>1c</b> Effective date of plan<br>05/14/1999               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>QUALITOR, INC.<br><br>1840 MCCULLOUGH<br><br>LIMA OH 45801 | <b>2b</b> Employer Identification Number (EIN)<br>38-3464466 |
|                                                                                                                                                                                                                                                                                                                             | <b>2c</b> Plan Sponsor's telephone number<br>419-993-8176    |
|                                                                                                                                                                                                                                                                                                                             | <b>2d</b> Business code (see instructions)<br>336300         |

**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.

|                  |                                                                                     |         |                                                              |
|------------------|-------------------------------------------------------------------------------------|---------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | 10/4/21 | TERESA HOLDEN                                                |
|                  | Signature of plan administrator                                                     | Date    | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  | 10/4/21 | TERESA HOLDEN                                                |
|                  | Signature of employer/plan sponsor                                                  | Date    | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |         |                                                              |
|                  | 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

|                                                                                                                                                                                                                                                                                        |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 105                                                                    |
| <b>6</b> 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).                                                                                                                               |                                                                                 |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                | <b>6a(1)</b> 0                                                                  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b> 0                                                                  |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                    | <b>6b</b> 51                                                                    |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b> 49                                                                    |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....                                                                                                                                                                                                                                   | <b>6d</b> 100                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                             | <b>6e</b> 4                                                                     |
| <b>f</b> Total. Add lines 6d and 6e .....                                                                                                                                                                                                                                              | <b>6f</b> 104                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                        | <b>6g</b>                                                                       |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                             | <b>6h</b>                                                                       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                    | <b>7</b>                                                                        |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B                                                                                                                     |                                                                                 |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                            |                                                                                 |

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                        | <b>9b</b> Plan benefit arrangement (check all that apply)                                                                                                                                                                        |
| (1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | (1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
| <b>10</b> 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 \_\_\_\_\_

**SINGLE TRANSACTION EXCEEDS 5%****70-70-002-8205742****01/01/20 THROUGH 12/31/20**

| ASSET DESCRIPTION                    | TRAN<br>TYPE    | SETTLE<br>DATE | SHARES/<br>UNITS | PURCHASE/SALE<br>COST/PROCEEDS | BROKER<br>COMMISSION | OTHER<br>EXPENSE | COST OF<br>ASSET | NET<br>GAIN/LOSS |
|--------------------------------------|-----------------|----------------|------------------|--------------------------------|----------------------|------------------|------------------|------------------|
|                                      |                 |                |                  |                                |                      |                  |                  |                  |
| FIFTH THIRD BANKSAFE TRUST           | PUR             | 09/30/20       | 160,645.000      | 160,645.00                     | .00                  | .00              | 160,645.00       | .00              |
| FIFTH THIRD BANKSAFE TRUST           | SAL             | 10/31/20       | 154,797.000      | 154,797.00                     | .00                  | .00              | 154,797.00       | .00              |
| PGIM TOTAL RETURN BOND FUND CL<br>R6 | PUR             | 10/21/20       | 6,545.746        | 97,138.58                      | .00                  | .00              | 97,138.58        | .00              |
|                                      | 2 PURCHASES FOR |                | 257,783.58       | 1 SALES FOR                    | 154,797.00           |                  |                  |                  |

## 5% REPORT BY ASSET-AGGREGATE

70-70-002-8205742

01/01/20 THROUGH 12/31/20

| VALUATION                         |                 |             |               |                             |                   | 1,413,872.42    | THRESHOLD       | 70,693.62     |
|-----------------------------------|-----------------|-------------|---------------|-----------------------------|-------------------|-----------------|-----------------|---------------|
| ASSET DESCRIPTION                 | TRAN TYPE       | SETTLE DATE | SHARES/ UNITS | PURCHASE/SALE COST/PROCEEDS | BROKER COMMISSION | OTHER EXPENSE   | COST OF ASSET   | NET GAIN/LOSS |
| FIFTH THIRD BANKSAFE TRUST        | SAL             | 01/31/20    | 1,279.000     | 1,279.00                    | .00               | .00             | 1,279.00        | .00           |
|                                   | SAL             | 02/29/20    | 5,715.000     | 5,715.00                    | .00               | .00             | 5,715.00        | .00           |
|                                   | SAL             | 03/31/20    | 5,665.000     | 5,665.00                    | .00               | .00             | 5,665.00        | .00           |
|                                   | PUR             | 04/30/20    | 28,930.000    | 28,930.00                   | .00               | .00             | 28,930.00       | .00           |
|                                   | SAL             | 05/31/20    | 6,573.000     | 6,573.00                    | .00               | .00             | 6,573.00        | .00           |
|                                   | SAL             | 06/30/20    | 44,100.000    | 44,100.00                   | .00               | .00             | 44,100.00       | .00           |
|                                   | PUR             | 07/31/20    | 37,314.000    | 37,314.00                   | .00               | .00             | 37,314.00       | .00           |
|                                   | SAL             | 08/31/20    | 6,869.000     | 6,869.00                    | .00               | .00             | 6,869.00        | .00           |
|                                   | PUR             | 09/30/20    | 160,645.000   | 160,645.00                  | .00               | .00             | 160,645.00      | .00           |
|                                   | SAL             | 10/31/20    | 154,797.000   | 154,797.00                  | .00               | .00             | 154,797.00      | .00           |
|                                   | SAL             | 11/30/20    | 6,776.000     | 6,776.00                    | .00               | .00             | 6,776.00        | .00           |
|                                   | SAL             | 12/31/20    | 709.000       | 709.00                      | .00               | .00             | 709.00          | .00           |
| 3 PURCHASES FOR                   |                 | 226,889.00  | 9 SALES FOR   | 232,483.00                  | ISSUE             | AGGREGATE TOTAL | 459,372.00      |               |
| PGIM TOTAL RETURN BOND FUND CL R6 | SAL             | 03/23/20    | 1,602.907     | 21,494.98                   | .00               | .00             | 24,091.69       | -2,596.71     |
|                                   | PUR             | 10/21/20    | 6,545.746     | 97,138.58                   | .00               | .00             | 97,138.58       | .00           |
|                                   | 1 PURCHASES FOR |             | 97,138.58     | 1 SALES FOR                 | 21,494.98         | ISSUE           | AGGREGATE TOTAL | 118,633.56    |

## 5% REPORT BY BROKER-SECURITIES

70-70-002-8205742

01/01/20 THROUGH 12/31/20

| ASSET DESCRIPTION                                         | TRAN<br>TYPE | SETTLE<br>DATE | SHARES/<br>UNITS | PURCHASE/SALE<br>COST/PROCEEDS | BROKER<br>COMMISSION | VALUATION        | 1,413,872.42     | THRESHOLD        | 70,693.62 |
|-----------------------------------------------------------|--------------|----------------|------------------|--------------------------------|----------------------|------------------|------------------|------------------|-----------|
|                                                           |              |                |                  |                                |                      | OTHER<br>EXPENSE | COST OF<br>ASSET | NET<br>GAIN/LOSS |           |
| MUTUAL FUND TRADING BROKER                                |              |                |                  |                                |                      |                  |                  |                  |           |
| INVESCO OPPENHEIMER DEVELOPING<br>MARKETS FUND - CLASS R6 | PUR          | 03/23/20       | 59.283           | 1,957.51                       | .00                  | .00              | 1,957.51         | .00              |           |
| BARINGS ACTIVE SHORT DURATION<br>BD Y                     | SAL          | 03/23/20       | 1,911.742        | 17,415.97                      | .00                  | .00              | 18,983.60        | -1,567.63        |           |
| BARINGS ACTIVE SHORT DURATION<br>BD Y                     | PUR          | 10/21/20       | 5,199.661        | 50,696.69                      | .00                  | .00              | 50,696.69        | .00              |           |
| COHEN & STEERS REALTY SHARES I                            | PUR          | 03/23/20       | 233.210          | 10,249.60                      | .00                  | .00              | 10,249.60        | .00              |           |
| COHEN & STEERS REALTY SHARES I                            | PUR          | 10/21/20       | 111.427          | 6,418.18                       | .00                  | .00              | 6,418.18         | .00              |           |
| FIDELITY INTERNATIONAL INDEX<br>FUND                      | PUR          | 03/23/20       | 180.869          | 5,301.27                       | .00                  | .00              | 5,301.27         | .00              |           |
| FIDELITY 500 INDEX FD<br>INST PREMIUM                     | PUR          | 03/23/20       | 24.186           | 1,941.68                       | .00                  | .00              | 1,941.68         | .00              |           |
| FIDELITY 500 INDEX FD<br>INST PREMIUM                     | SAL          | 10/21/20       | 33.268           | 3,974.91                       | .00                  | .00              | 3,450.53         | 524.38           |           |
| FIDELITY SMALL CAP                                        | PUR          | 03/23/20       | 213.963          | 2,743.00                       | .00                  | .00              | 2,743.00         | .00              |           |
| FIDELITY SMALL CAP                                        | SAL          | 10/21/20       | 119.420          | 2,457.66                       | .00                  | .00              | 2,208.57         | 249.09           |           |
| FIDELITY MID CAP INDEX INSTL<br>PREM                      | PUR          | 03/23/20       | 159.026          | 2,406.06                       | .00                  | .00              | 2,406.06         | .00              |           |
| FIDELITY MID CAP INDEX INSTL<br>PREM                      | SAL          | 10/21/20       | 92.477           | 2,235.16                       | .00                  | .00              | 1,991.09         | 244.07           |           |
| HARDING LOEVNER INTL EQUITY INST                          | PUR          | 03/23/20       | 181.291          | 3,118.20                       | .00                  | .00              | 3,118.20         | .00              |           |
| HARDING LOEVNER INTL EQUITY INST                          | SAL          | 10/21/20       | 208.753          | 5,287.72                       | .00                  | .00              | 4,508.00         | 779.72           |           |
| JPMORGAN EQUITY INCOME FUND<br>3128 CLASS I               | PUR          | 03/23/20       | 732.140          | 9,539.79                       | .00                  | .00              | 9,539.79         | .00              |           |
| JPMORGAN EQUITY INCOME FUND<br>3128 CLASS I               | PUR          | 10/21/20       | 406.857          | 7,335.63                       | .00                  | .00              | 7,335.63         | .00              |           |

**5% REPORT BY BROKER-SECURITIES****70-70-002-8205742****01/01/20 THROUGH 12/31/20**

| ASSET DESCRIPTION                                                  | TRAN<br>TYPE | SETTLE<br>DATE | SHARES/<br>UNITS | PURCHASE/SALE<br>COST/PROCEEDS | BROKER<br>COMMISSION   | VALUATION<br>1,413,872.42 | THRESHOLD<br>70,693.62 | OTHER<br>EXPENSE | COST OF<br>ASSET | NET<br>GAIN/LOSS |
|--------------------------------------------------------------------|--------------|----------------|------------------|--------------------------------|------------------------|---------------------------|------------------------|------------------|------------------|------------------|
| MUTUAL FUND TRADING BROKER<br>PGIM TOTAL RETURN BOND FUND CL<br>R6 | SAL          | 03/23/20       | 1,602.907        | 21,494.98                      | .00                    | .00                       |                        | 24,091.69        |                  | -2,596.71        |
| PGIM TOTAL RETURN BOND FUND CL<br>R6                               | PUR          | 10/21/20       | 6,545.746        | 97,138.58                      | .00                    | .00                       |                        | 97,138.58        |                  | .00              |
| 12 PURCHASES FOR                                                   |              | 198,846.19     | 6 SALES FOR      | 52,866.40                      | BROKER AGGREGATE TOTAL | 251,712.59                |                        | -2,367.08        |                  |                  |

|                                          |                          |                                  |
|------------------------------------------|--------------------------|----------------------------------|
| <b>5% REPORT BY BROKER-NONSECURITIES</b> | <b>70-70-002-8205742</b> | <b>01/01/20 THROUGH 12/31/20</b> |
|------------------------------------------|--------------------------|----------------------------------|

|                   |              |                |                  |                                | VALUATION            | 1,413,872.42     | THRESHOLD        | 70,693.62        |
|-------------------|--------------|----------------|------------------|--------------------------------|----------------------|------------------|------------------|------------------|
| ASSET DESCRIPTION | TRAN<br>TYPE | SETTLE<br>DATE | SHARES/<br>UNITS | PURCHASE/SALE<br>COST/PROCEEDS | BROKER<br>COMMISSION | OTHER<br>EXPENSE | COST OF<br>ASSET | NET<br>GAIN/LOSS |

N O A C T I V I T Y T H I S P E R I O D

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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

**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

▶ **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.

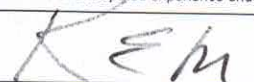
|                                                                                                                                           |  |                                                                                                                                                         |     |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN                                                              |  | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                 | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>QUALITOR, INC.                                                |  | <b>D</b> Employer Identification Number (EIN)<br>38-3464466                                                                                             |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |     |

**Part I Basic Information**

|                                                                                                                                                                                                                |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>                                                                                                                              |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                               |                            |                           |                          |
| <b>a</b> Market value.....                                                                                                                                                                                     |                            | <b>2a</b>                 | 1,600,401                |
| <b>b</b> Actuarial value.....                                                                                                                                                                                  |                            | <b>2b</b>                 | 1,600,401                |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                            |                           |                          |
|                                                                                                                                                                                                                | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 54                         | 1,054,352                 | 1,054,352                |
| <b>b</b> For terminated vested participants .....                                                                                                                                                              | 51                         | 776,967                   | 776,967                  |
| <b>c</b> For active participants.....                                                                                                                                                                          | 0                          | 0                         | 0                        |
| <b>d</b> Total .....                                                                                                                                                                                           | 105                        | 1,831,319                 | 1,831,319                |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      |                            | <b>4a</b>                 |                          |
| <b>b</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..... |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate.....                                                                                                                                                                          |                            | <b>5</b>                  | 5.78%                    |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                            | <b>6</b>                  | 100,000                  |

**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.

|                                 |                                                                                     |                                        |
|---------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                |  | <u>10/8/2021</u>                       |
| KATHLEEN E. MANNING, F.S.A.     |                                                                                     | Date                                   |
| MWM CONSULTING GROUP            |                                                                                     | 2003050                                |
| Firm name                       |                                                                                     | Most recent enrollment number          |
| 55 E. JACKSON BLVD., SUITE 1000 |                                                                                     | 312-987-9097                           |
| CHICAGO IL 60604-4466           |                                                                                     | Telephone number (including area code) |
| 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) 2020  
v. 200204



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.75 %2nd segment:  
5.50 %3rd segment:  
6.27 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

3

**22** Weighted average retirement age .....**22**

63

**23** Mortality table(s) (see instructions) ☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) ..... **31a** 100,000**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance Installment 297,425 30,017**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** 130,017

Carryover balance Prefunding balance Total balance

**35** Balances elected for use to offset funding requirement ..... 0**36** Additional cash requirement (line 34 minus line 35)..... **36** 130,017**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 157,182**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 27,165**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

**Schedule SB, Line 22, Description of Weighted Average Retirement Age**

**QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN  
EIN/PN: 38-3464466 / 002**

The retirement age shown is based on an employee who fulfilled the minimum requirement for early eligibility and is calculated in accordance with the following formula which generally assumes employees terminate at the middle of the year.

$$\sum_{t=0}^{FRA-ERA} ({}_t p_{ERA}) * (q_r ERA + t) * (ERA + t + \frac{1}{2})$$

---

$$\sum_{t=0}^{FRA-ERA} ({}_t p_{ERA}) * (q_r ERA + t)$$

Note (1)

Note (1) the 1/2 in the formula shown above is not used for t = FRA-ERA.  
In the formula shown above  ${}_t p_{ERA}$  is calculated using all of the decrements, and the  $q_r ERA + t$  represents the sum of the applicable retirement decrements.

Also, ERA represents the earliest retirement age and FRA represents the age at which everyone is assumed to retire.

# Schedule SB, Line 19, Discounted Employer Contributions

## QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN

EIN/PN: 38-3464466 / 002

|                                   |          |                     |
|-----------------------------------|----------|---------------------|
| LY Valuation Date                 | 1/1/2020 | Quarterly Due Dates |
| Val Date                          | 1/1/2021 | 04/15/2020          |
| Prior Year Effective Rate         | 5.78%    | 07/15/2020          |
| MRC w/out regard to CB            | 130,017  | 10/15/2020          |
| Quarterly                         | 29,254   | 01/15/2021          |
| Apply Credit Balances to Residual | No       | 09/15/2021          |

| Contributions Made    |            |         | Quarterly Applied to |        |        |        |          | Discounted |        |        |        |          | Totals  |         |           |            |
|-----------------------|------------|---------|----------------------|--------|--------|--------|----------|------------|--------|--------|--------|----------|---------|---------|-----------|------------|
| Cash / Credit Balance | Date Made  | Amount  | 1                    | 2      | 3      | 4      | Residual | 1          | 2      | 3      | 4      | Residual | Total   | Cash    | Carryover | Prefunding |
|                       | 01/01/2020 | -       | -                    | -      | -      | -      | -        | -          | -      | -      | -      | -        | -       | -       | -         | -          |
| Cash                  | 04/22/2020 | 40,820  | 29,254               | 11,566 | -      | -      | -        | 28,728     | 11,368 | -      | -      | -        | 40,096  | 40,096  | -         | -          |
| Cash                  | 07/20/2020 | 40,820  | -                    | 17,688 | 23,132 | -      | -        | -          | 17,138 | 22,427 | -      | -        | 39,565  | 39,565  | -         | -          |
| Cash                  | 10/13/2020 | 40,820  | -                    | -      | 6,122  | 29,254 | 5,444    | -          | -      | 5,858  | 27,994 | 5,210    | 39,062  | 39,062  | -         | -          |
| Cash                  | 01/22/2021 | 40,820  | -                    | -      | -      | -      | 40,820   | -          | -      | -      | -      | 38,459   | 38,459  | 38,459  | -         | -          |
|                       |            | -       | -                    | -      | -      | -      | -        | -          | -      | -      | -      | -        | -       | -       | -         | -          |
|                       |            | -       | -                    | -      | -      | -      | -        | -          | -      | -      | -      | -        | -       | -       | -         | -          |
|                       |            | -       | -                    | -      | -      | -      | -        | -          | -      | -      | -      | -        | -       | -       | -         | -          |
|                       |            | -       | -                    | -      | -      | -      | -        | -          | -      | -      | -      | -        | -       | -       | -         | -          |
|                       |            | -       | -                    | -      | -      | -      | -        | -          | -      | -      | -      | -        | -       | -       | -         | -          |
|                       |            | -       | -                    | -      | -      | -      | -        | -          | -      | -      | -      | -        | -       | -       | -         | -          |
| Totals                |            | 163,280 |                      |        |        |        |          |            |        |        |        |          | 157,182 | 157,182 | -         | -          |

**Schedule SB, Part V, Summary of Plan Provisions**  
**QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN**  
**EIN/PN: 38-3464466 / 002**

| Item                                                       | Provisions for International Brake Industries, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  |                |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------|--|----------------|-------------|--------------|------------|------------|---------|------------|------------|---------|------------|------------|---------|------------|------------|---------|------------|-------|---------|
| Effective Date                                             | May 14, 1999.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                  |                |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
| Eligibility for Participation                              | Hourly union employees of International Brake Industries, Inc. represented by UAW Local 975.                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  |                |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
| Vesting Service                                            | An employee shall be credited with service for vesting purposes in accordance with the applicable Masco Tech plan for service prior to May 14, 1999. Thereafter, 1,000 hours in a plan year equal one year of vesting service.                                                                                                                                                                                                                                         |                                                                                                  |                |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
| Credited Service                                           | An employee receives a full year of credited service for each plan year in which he is credited with 1,800 or more hours of service. Partial credit is given for less than 1,800 hours of service. Service credit is given prior to May 14, 1999 for service with Masco Tech. The facility was closed on May 20, 2011. No further service will be earned after that date.                                                                                              |                                                                                                  |                |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
| Normal Retirement Pension                                  | Eligibility                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Age 65.                                                                                          |                |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
|                                                            | Monthly Benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The monthly amount payable at normal retirement for each year of credited service is as follows: |                |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
|                                                            | <table><tr><th colspan="2">For Retirement</th><th rowspan="2">Monthly Amount</th></tr><tr><th>On or After</th><th>On or Before</th></tr><tr><td>05/14/1999</td><td>01/08/2002</td><td>\$11.00</td></tr><tr><td>01/09/2002</td><td>01/08/2004</td><td>\$12.00</td></tr><tr><td>01/09/2004</td><td>01/31/2006</td><td>\$13.00</td></tr><tr><td>02/01/2006</td><td>01/08/2008</td><td>\$14.00</td></tr><tr><td>01/09/2008</td><td>-----</td><td>\$15.00</td></tr></table> |                                                                                                  | For Retirement |  | Monthly Amount | On or After | On or Before | 05/14/1999 | 01/08/2002 | \$11.00 | 01/09/2002 | 01/08/2004 | \$12.00 | 01/09/2004 | 01/31/2006 | \$13.00 | 02/01/2006 | 01/08/2008 | \$14.00 | 01/09/2008 | ----- | \$15.00 |
|                                                            | For Retirement                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  | Monthly Amount |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
|                                                            | On or After                                                                                                                                                                                                                                                                                                                                                                                                                                                            | On or Before                                                                                     |                |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
|                                                            | 05/14/1999                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01/08/2002                                                                                       | \$11.00        |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
|                                                            | 01/09/2002                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01/08/2004                                                                                       | \$12.00        |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
|                                                            | 01/09/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01/31/2006                                                                                       | \$13.00        |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
|                                                            | 02/01/2006                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01/08/2008                                                                                       | \$14.00        |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
|                                                            | 01/09/2008                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -----                                                                                            | \$15.00        |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
| Plus \$1/month for each year of service after 1/8/2011     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
| Less offset for benefit accrued under the Masco Tech plan. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                |  |                |             |              |            |            |         |            |            |         |            |            |         |            |            |         |            |       |         |

**Schedule SB, Part V, Summary of Plan Provisions**  
**QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN**  
**EIN/PN: 38-3464466 / 002**

| Item                                 | Provisions for International Brake Industries, Inc.                                                                                                                          |                                                                                                                                                                                                                                                                                |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early Retirement Pension</b>      | Eligibility                                                                                                                                                                  | Age 55 and 5 years of service.                                                                                                                                                                                                                                                 |
|                                      | Benefit                                                                                                                                                                      | Accrued pension deferred to age 65, or immediate pension equal to accrued pension reduced 5/9ths of 1% for each of the first 60 months and by 5/18ths of 1% for each of the next 60 months by which the employee's actual retirement date precedes his normal retirement date. |
| <b>Disability Retirement Pension</b> | Eligibility                                                                                                                                                                  | Total and permanent disability after 10 years of service.                                                                                                                                                                                                                      |
|                                      | Benefit                                                                                                                                                                      | Accrued pension payable immediately with no reduction for early commencement.                                                                                                                                                                                                  |
| <b>Deferred Vested Pension</b>       | Eligibility                                                                                                                                                                  | 5 years of vesting service.                                                                                                                                                                                                                                                    |
|                                      | Benefit                                                                                                                                                                      | Accrued pension deferred to age 65, or reduced pension at age 55. Reduction is the same as for early retirement.                                                                                                                                                               |
| <b>Spouse's Benefit</b>              | Eligibility                                                                                                                                                                  | Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date which could have been elected by the participant.                                                                                                               |
|                                      | Benefit                                                                                                                                                                      | 50% of the benefit which would have been payable to the employee had he retired with a 50% joint and survivor benefit on the later of the date of death or the date the employee would have first been eligible to receive his benefit.                                        |
| <b>Normal Form of Benefit</b>        | Single                                                                                                                                                                       | Life annuity.                                                                                                                                                                                                                                                                  |
|                                      | Married                                                                                                                                                                      | 50% joint and survivor annuity.                                                                                                                                                                                                                                                |
| <b>Optional Form of Benefits</b>     | (1) Life annuity.<br>(2) 50% joint and survivor annuity<br>(3) 75% joint and survivor annuity<br>(4) 100% joint and survivor annuity<br>(5) 10 year certain and life annuity |                                                                                                                                                                                                                                                                                |
| <b>Contributions</b>                 | Noncontributory                                                                                                                                                              |                                                                                                                                                                                                                                                                                |

**Schedule SB, Part V, Summary of Plan Provisions**  
**QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN**  
**EIN/PN: 38-3464466 / 002**

| Item                                                       | Provisions for McGuane Industries Inc.                                                                                                                                                                                                                            |                                                                                                  |                |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------|
| Effective Date                                             | May 14, 1999.                                                                                                                                                                                                                                                     |                                                                                                  |                |
| Eligibility for Participation                              | Union employees of McGuane, Industries, Inc. represented by UAW Local 708.                                                                                                                                                                                        |                                                                                                  |                |
| Vesting Service                                            | An employee shall be credited with service for vesting purposes in accordance with the applicable Masco Tech plan for service prior to May 14, 1999. Thereafter, 1,000 hours in a plan year equal one year of vesting service.                                    |                                                                                                  |                |
| Credited Service                                           | An employee receives a full year of credited service for each plan year in which he is credited with 1,800 or more hours of service. Partial credit is given for less than 1,800 hours of service. Service credit is given prior to May 14, 1999 with Masco Tech. |                                                                                                  |                |
| Normal Retirement Pension                                  | Eligibility                                                                                                                                                                                                                                                       | Age 65.                                                                                          |                |
|                                                            | Monthly Benefit                                                                                                                                                                                                                                                   | The monthly amount payable at normal retirement for each year of credited service is as follows: |                |
|                                                            |                                                                                                                                                                                                                                                                   |                                                                                                  |                |
|                                                            | For Retirement                                                                                                                                                                                                                                                    |                                                                                                  | Monthly Amount |
|                                                            | On or After                                                                                                                                                                                                                                                       | On or Before                                                                                     |                |
|                                                            | 05/14/1999                                                                                                                                                                                                                                                        | 12/31/2000                                                                                       | \$17.00        |
|                                                            | 01/01/2001                                                                                                                                                                                                                                                        | 12/31/2001                                                                                       | \$18.00        |
|                                                            | 01/01/2002                                                                                                                                                                                                                                                        | 12/31/2005                                                                                       | \$19.00        |
|                                                            | 01/01/2006                                                                                                                                                                                                                                                        | 12/31/2007                                                                                       | \$20.00        |
|                                                            | 01/01/2008                                                                                                                                                                                                                                                        | 12/31/2011                                                                                       | \$21.00        |
| 01/01/2012                                                 | 12/31/2013                                                                                                                                                                                                                                                        | \$22.00                                                                                          |                |
| 01/01/2014                                                 | -----                                                                                                                                                                                                                                                             | \$23.00                                                                                          |                |
| Less offset for benefit accrued under the Masco Tech plan. |                                                                                                                                                                                                                                                                   |                                                                                                  |                |

**Schedule SB, Part V, Summary of Plan Provisions**  
**QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN**  
**EIN/PN: 38-3464466 / 002**

| Item                                 | Provisions for McGuane Industries Inc.                                                                                                 |                                                                                                                                                                                                                                         |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early Retirement Pension</b>      | Eligibility                                                                                                                            | Age 60 and 5 years of service.                                                                                                                                                                                                          |
|                                      | Benefit                                                                                                                                | Accrued pension deferred to age 65, or immediate pension equal to accrued pension reduced 6/10ths of 1% for each month by which the employee's actual retirement date precedes his normal retirement date.                              |
| <b>Disability Retirement Pension</b> | Eligibility                                                                                                                            | Total and permanent disability after 10 years of service.                                                                                                                                                                               |
|                                      | Benefit                                                                                                                                | Accrued pension payable immediately with no reduction for early commencement.                                                                                                                                                           |
| <b>Deferred Vested Pension</b>       | Eligibility                                                                                                                            | 5 years of vesting service.                                                                                                                                                                                                             |
|                                      | Benefit                                                                                                                                | Accrued pension deferred to age 65, or reduced pension at age 60. Reduction is the same as for early retirement.                                                                                                                        |
|                                      | Eligibility                                                                                                                            | Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date which could have been elected by the participant.                                                                        |
|                                      | Benefit                                                                                                                                | 50% of the benefit which would have been payable to the employee had he retired with a 50% joint and survivor benefit on the later of the date of death or the date the employee would have first been eligible to receive his benefit. |
| <b>Normal Form of Benefit</b>        | Single                                                                                                                                 | Life annuity.                                                                                                                                                                                                                           |
|                                      | Married                                                                                                                                | 50% joint and survivor annuity.                                                                                                                                                                                                         |
| <b>Optional Form of Benefits</b>     | (1) Life annuity.<br>(2) 50% joint and survivor annuity<br>(3) 100% joint and survivor annuity<br>(4) 10 year certain and life annuity |                                                                                                                                                                                                                                         |
| <b>Contributions</b>                 | Noncontributory                                                                                                                        |                                                                                                                                                                                                                                         |

**Qualitor, Inc. Master Union Employees' Pension Plan**

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2020**

| <b>Identity of Issuer, Borrower or</b>              | <b>Description<br/>of Investments</b> | <b>Cost</b>         | <b>Current<br/>Value</b> |
|-----------------------------------------------------|---------------------------------------|---------------------|--------------------------|
| <b>Money market fund</b>                            |                                       |                     |                          |
| Federated Government Obligations                    |                                       | \$ 41,435           | \$ 41,435                |
| <b>Mutual funds</b>                                 |                                       |                     |                          |
| Barings Active Short Duration BD Y                  |                                       | 209,182             | 208,213                  |
| PGIM Total Return Bond Fund CL R6                   |                                       | 480,430             | 484,238                  |
| Invesco Oppenheimer Developing Markets Fund - Class |                                       | 39,967              | 56,030                   |
| Cohen & Steers Realty Shares I                      |                                       | 71,437              | 67,838                   |
| Fidelity International Index Fund                   |                                       | 61,224              | 70,475                   |
| Fidelity 500 Index FD INST Premium                  |                                       | 291,618             | 365,988                  |
| Fidelity Small Cap                                  |                                       | 21,517              | 29,062                   |
| Fidelity Mid Cap Index INSTL PremFIDELITY MID CAP   |                                       | 21,368              | 26,806                   |
| Harding Loevner Intl Equity Inst                    |                                       | 109,115             | 143,601                  |
| Ishares Inc MSCI EM ESG Optimized ETF               |                                       | 29,107              | 37,908                   |
| JPMorgan Equity Income Fund 3128 Class I            |                                       | 143,106             | 157,097                  |
| Total mutual funds                                  |                                       | 1,478,071           | 1,647,256                |
| Total investments                                   |                                       | <u>\$ 1,519,506</u> | <u>\$ 1,688,691</u>      |

## **Schedule SB, Line 32a, Schedule of Amortization Payments**

**QUALITOR, INC. MASTER UNION EMPLOYEES' PENSION PLAN**

**EIN/PN: 38-3464466 / 002**

| Item                     | Unfunded<br>Accrued Liability |             | Amortization Payment |                    | Outstanding<br>Balance on<br>1/1/2020 |
|--------------------------|-------------------------------|-------------|----------------------|--------------------|---------------------------------------|
|                          | Amount                        | Established | Remaining<br>Periods | Payment<br>on 1/1  |                                       |
| Funding Target Shortfall | \$ 510,149                    | 1/1/19      | 14 years             | \$ 47,167          | \$ 480,093                            |
| Funding Target Shortfall | \$ (182,668)                  | 1/1/20      | 15 years             | <u>\$ (17,150)</u> | <u>\$ (182,668)</u>                   |
| <b>Total</b>             |                               |             |                      | \$ 30,017          | \$ 297,425                            |